

B1 (Official Form 1)(12/11)

| United States Bankruptcy Court<br>Western District of Oklahoma   |                          | Voluntary Petition  |                                     |   |                              |                               |                                     |                                     |                          |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
|--|--------------------------|---|-------------------------------------|---|------------------------------|-------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|-----------------------|------------------------|--------------------------|-----------------------------|------------------------------|-------------------------------|--------------------------------|------------------------------|-----------------------|--|--|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital</b>   |                          | Name of Joint Debtor (Spouse) (Last, First, Middle):  |                                     |   |                              |                               |                                     |                                     |                          |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):   |                          | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):  |                                     |   |                              |                               |                                     |                                     |                          |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)<br><b>73-0784195</b>   |                          | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)   |                                     |   |                              |                               |                                     |                                     |                          |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| Street Address of Debtor (No. and Street, City, and State):<br><b>100 Valley Drive<br/>Pauls Valley, OK</b>  |                          | Street Address of Joint Debtor (No. and Street, City, and State):   |                                     |   |                              |                               |                                     |                                     |                          |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| ZIP Code<br><b>73075</b>   |                          | ZIP Code  |                                     |   |                              |                               |                                     |                                     |                          |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| County of Residence or of the Principal Place of Business:<br><b>Garvin</b>  |                          | County of Residence or of the Principal Place of Business:  |                                     |   |                              |                               |                                     |                                     |                          |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| Mailing Address of Debtor (if different from street address):  |                          | Mailing Address of Joint Debtor (if different from street address):   |                                     |   |                              |                               |                                     |                                     |                          |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| ZIP Code   |                          | ZIP Code  |                                     |   |                              |                               |                                     |                                     |                          |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| Location of Principal Assets of Business Debtor (if different from street address above):<br><b>100 Valley Drive<br/>Pauls Valley, OK 73075</b>  |                          |   |                                     |   |                              |                               |                                     |                                     |                          |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| <b>Type of Debtor</b><br>(Form of Organization) (Check one box)  |                          | <b>Nature of Business</b><br>(Check one box)  |                                     | <b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)   |                              |                               |                                     |                                     |                          |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| <input type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><input checked="" type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)<br><b>Municipality</b>   |                          | <input checked="" type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other   |                                     | <input type="checkbox"/> Chapter 7<br><input checked="" type="checkbox"/> Chapter 9<br><input type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input type="checkbox"/> Chapter 13  |                              |                               |                                     |                                     |                          |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| <b>Chapter 15 Debtors</b><br>Country of debtor's center of main interests:<br><br>Each country in which a foreign proceeding by, regarding, or against debtor is pending:  |                          | <b>Tax-Exempt Entity</b><br>(Check box, if applicable)<br><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).  |                                     | <b>Nature of Debts</b><br>(Check one box)<br><input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."<br><input checked="" type="checkbox"/> Debts are primarily business debts.   |                              |                               |                                     |                                     |                          |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| <b>Filing Fee</b> (Check one box)  |                          | Check one box:<br><input checked="" type="checkbox"/> Full Filing Fee attached<br><br><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.<br><br><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. |                                     | <b>Chapter 11 Debtors</b><br>Check if:<br><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br><br>Check all applicable boxes:<br><input type="checkbox"/> A plan is being filed with this petition.<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). |                              |                               |                                     |                                     |                          |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| <b>Statistical/Administrative Information</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</li> <li><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</li> </ul>  |                          |   |                                     | THIS SPACE IS FOR COURT USE ONLY  |                              |                               |                                     |                                     |                          |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| Estimated Number of Creditors<br><table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> </tr> </table>  |                          |   |                                     | <input type="checkbox"/>  | <input type="checkbox"/>     | <input type="checkbox"/>      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1-49            | 50-99                 | 100-199                | 200-999                  | 1,000-5,000                 | 5,001-10,000                 | 10,001-25,000                 | 25,001-50,000                  | 50,001-100,000               | OVER 100,000          |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| 1-49   | 50-99                    | 100-199   | 200-999                             | 1,000-5,000   | 5,001-10,000                 | 10,001-25,000                 | 25,001-50,000                       | 50,001-100,000                      | OVER 100,000             |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| Estimated Assets<br><table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>      |                          |   |                                     | <input type="checkbox"/>  | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | More than \$1 billion |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| \$0 to \$50,000  | \$50,001 to \$100,000    | \$100,001 to \$500,000  | \$500,001 to \$1 million            | \$1,000,001 to \$10 million   | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million      | \$500,000,001 to \$1 billion        | More than \$1 billion    |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| Estimated Liabilities<br><table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table> |                          |   |                                     | <input type="checkbox"/>  | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | More than \$1 billion |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |
| \$0 to \$50,000  | \$50,001 to \$100,000    | \$100,001 to \$500,000  | \$500,001 to \$1 million            | \$1,000,001 to \$10 million   | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million      | \$500,000,001 to \$1 billion        | More than \$1 billion    |                          |                          |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |  |

B1 (Official Form 1)(12/11)

|   |               |  |  |
|---|---------------|--|--|
| <b>Voluntary Petition</b><br><i>(This page must be completed and filed in every case)</i>   |               | Name of Debtor(s):<br><b>Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital</b>   |  |
| <b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)   |               |  |  |
| Location<br>Where Filed: <b>- None -</b>  | Case Number:  | Date Filed:  |  |
| Location<br>Where Filed:  | Case Number:  | Date Filed:  |  |
| <b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)  |               |  |  |
| Name of Debtor:<br><b>- None -</b>  | Case Number:  | Date Filed:  |  |
| District:   | Relationship: | Judge:   |  |
| <b>Exhibit A</b><br><br>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  |               | <b>Exhibit B</b><br><br>(To be completed if debtor is an individual whose debts are primarily consumer debts.)<br><br>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). |  |
| <input type="checkbox"/> Exhibit A is attached and made a part of this petition.  |               | <b>X</b> _____<br>Signature of Attorney for Debtor(s) (Date)   |  |
| <b>Exhibit C</b><br><br>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  |               |  |  |
| <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.<br><input checked="" type="checkbox"/> No.  |               |  |  |
| <b>Exhibit D</b><br><br>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  |               |  |  |
| <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.   |               |  |  |
| If this is a joint petition:<br><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.  |               |  |  |
| <b>Information Regarding the Debtor - Venue</b><br>(Check any applicable box)   |               |  |  |
| <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.<br><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.<br><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. |               |  |  |
| <b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b><br>(Check all applicable boxes)  |               |  |  |
| <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)   |               |  |  |
| _____<br>(Name of landlord that obtained judgment)  |               |  |  |
| _____<br>(Address of landlord)  |               |  |  |
| <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and<br><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.<br><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).  |               |  |  |

B1 (Official Form 1)(12/11)

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Debtor

**X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

**Signature of Attorney\*****X /s/ Chad J. Kutmas**

Signature of Attorney for Debtor(s)

**Chad J. Kutmas 19505**

Printed Name of Attorney for Debtor(s)

**McDonald McCann & Metcalf, L.L.P.**

Firm Name

**15 E. Fifth Street, Suite 1800  
Tulsa, OK 74103**

Address

**918.430.3700 Fax: 918.430.3770**

Telephone Number

**March 1, 2013**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Tim Gamble**

Signature of Authorized Individual

**Tim Gamble**

Printed Name of Authorized Individual

**Chairman of the Pauls Valley Hospital Authority**

Title of Authorized Individual

**March 1, 2013**

Date

**Signatures****Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court**  
**Western District of Oklahoma**

In re Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital  
 Debtor(s)

Case No. \_\_\_\_\_  
 Chapter 9 \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

| (1)  | (2)  | (3)   | (4)  | (5)   |
|--|--|---|--|---|
| <i>Name of creditor and complete mailing address including zip code</i>              | <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i> | <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i> | <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i> | <i>Amount of claim [if secured, also state value of security]</i> |
| ADMINISTRATIVE CONSULTANT SVCS<br>P O BOX 3368<br>SHAWNEE, OK 74802                  | ADMINISTRATIVE CONSULTANT SVCS<br>P O BOX 3368<br>SHAWNEE, OK 74802  | Trade Debt  |  | 42,467.18   |
| CHICKASAW TELECOM INC<br>5 NORTH MCCORMICK<br>OKLAHOMA CITY, OK<br>73127-6620        | CHICKASAW TELECOM INC<br>5 NORTH MCCORMICK<br>OKLAHOMA CITY, OK 73127-6620   | Trade Debt  |  | 40,876.82   |
| CHRIS WHYBREW<br>1215 W Edgewater Place<br>Broken Arrow, OK 74012                    | CHRIS WHYBREW<br>1215 W Edgewater Place<br>Broken Arrow, OK 74012  | Trade Debt  | Disputed   | 260,000.00  |
| CIMARRON INS EXCHANGE,<br>RRG<br>P O BOX 1838<br>OKLAHOMA CITY, OK<br>73101-1838     | CIMARRON INS EXCHANGE, RRG<br>P O BOX 1838<br>OKLAHOMA CITY, OK 73101-1838   | Trade Debt  |  | 197,024.90  |
| CONNECT HEALTH PROFESSIONALS<br>2411 SPRINGER DRIVE<br>NORMAN, OK 73069              | CONNECT HEALTH PROFESSIONALS<br>2411 SPRINGER DRIVE<br>NORMAN, OK 73069  | Trade Debt  |  | 128,025.79  |
| EM-CARE PHYSICIAN SERVICES<br>7032 COLLECTION CENTER DR<br>CHICAGO, IL 60693         | EM-CARE PHYSICIAN SERVICES<br>7032 COLLECTION CENTER DR<br>CHICAGO, IL 60693   | Trade Debt  |  | 56,250.00   |
| J & J HEALTH CARE SYSTEMS<br>P O BOX 406663<br>ATLANTA, GA 30384                     | J & J HEALTH CARE SYSTEMS<br>P O BOX 406663<br>ATLANTA, GA 30384   | Trade Debt  |  | 36,092.30   |
| MCKESSON<br>MCKESSON<br>TECHNOLOGIES INC.<br>P O BOX 98347<br>CHICAGO, IL 60693-8347 | MCKESSON<br>MCKESSON TECHNOLOGIES INC.<br>P O BOX 98347<br>CHICAGO, IL 60693-8347  | Trade Debt  |  | 571,611.78  |

B4 (Official Form 4) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

| (1)<br><i>Name of creditor and complete mailing address including zip code</i>                                     | (2)<br><i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i> | (3)<br><i>Nature of claim (trade debt, bank loan, government contract, etc.)</i> | (4)<br><i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i> | (5)<br><i>Amount of claim [if secured, also state value of security]</i> |
|--|---|--|---|--|
| MEDICAL SOLUTIONS<br>9101 WESTERN AVE SUITE<br>101<br>OMAHA, NE 68114  | MEDICAL SOLUTIONS<br>9101 WESTERN AVE SUITE 101<br>OMAHA, NE 68114  | Trade Debt   |   | 50,008.28  |
| MIDLAND GROUP<br>P O BOX 229161<br>SHAWNEE MISSION, KS<br>66201  | MIDLAND GROUP<br>P O BOX 229161<br>SHAWNEE MISSION, KS 66201  | Trade Debt   |   | 73,739.88  |
| MITCHELL CHARLES<br>200 MELVILLE DRIVE<br>PAULS VALLEY, OK 73075   | MITCHELL CHARLES<br>200 MELVILLE DRIVE<br>PAULS VALLEY, OK 73075  | Trade Debt   |   | 76,577.11  |
| OHCA PREMIUM ACCOUNT<br>PREMIUM PAYMENT<br>P O BOX 2038<br>OKLAHOMA CITY, OK<br>73101-2038                         | OHCA PREMIUM ACCOUNT<br>PREMIUM PAYMENT<br>P O BOX 2038<br>OKLAHOMA CITY, OK 73101-2038   | Trade Debt   | Disputed  | 141,827.00   |
| OK STATE/EDUCA GRP INS<br>BOARD<br>ACCOUNTING DEPT<br>P O BOX 58010<br>OKLAHOMA CITY, OK<br>73157-8010             | OK STATE/EDUCA GRP INS BOARD<br>ACCOUNTING DEPT<br>P O BOX 58010<br>OKLAHOMA CITY, OK 73157-8010  | Trade Debt   |   | 56,361.32  |
| OKLAHOMA BLOOD<br>INSTITUTE<br>DEPT #96-0115<br>OKLAHOMA CITY, OK<br>73196-0115                                    | OKLAHOMA BLOOD INSTITUTE<br>DEPT #96-0115<br>OKLAHOMA CITY, OK 73196-0115   | Trade Debt   |   | 42,068.50  |
| OKLAHOMA EMPLOYMENT<br>SEC. COMM.<br>P O BOX 52004<br>OKLAHOMA CITY, OK<br>73152-2004                              | OKLAHOMA EMPLOYMENT SEC.<br>COMM.<br>P O BOX 52004<br>OKLAHOMA CITY, OK 73152-2004  | Unemployment<br>Insurance/Taxes  |   | 41,895.61  |
| OKLAHOMA TAX<br>COMMISSION<br>BUSINESS TAX DIVISION<br>2501 North Lincoln Blvd.<br>Oklahoma City, OK<br>73194-0009 | OKLAHOMA TAX COMMISSION<br>BUSINESS TAX DIVISION<br>2501 North Lincoln Blvd.<br>Oklahoma City, OK 73194-0009  | Taxes  |   | 44,537.01  |
| P V GENERAL HOSP<br>FOUNDATION<br>100 VALLEY DRIVE<br>PAULS VALLEY, OK 73075                                       | P V GENERAL HOSP FOUNDATION<br>100 VALLEY DRIVE<br>PAULS VALLEY, OK 73075   | Trade Debt   |   | 365,290.00   |
| REAVIS DME<br>ATTN: DME<br>P O BOX 1220<br>PAULS VALLEY, OK 73075  | REAVIS DME<br>ATTN: DME<br>P O BOX 1220<br>PAULS VALLEY, OK 73075   | Trade Debt   |   | 64,586.54  |

B4 (Official Form 4) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

| (1)   | (2)  | (3)   | (4)  | (5)   |
|---|--|---|--|---|
| <i>Name of creditor and complete mailing address including zip code</i>                               | <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i> | <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i> | <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i> | <i>Amount of claim [if secured, also state value of security]</i> |
| <b>TOTAL MEDICAL PERSONNEL STAFNG<br/>P O BOX 26243<br/>OKLAHOMA CITY, OK 73126</b>                   | <b>TOTAL MEDICAL PERSONNEL STAFNG<br/>P O BOX 26243<br/>OKLAHOMA CITY, OK 73126</b>  | <b>Trade Debt</b>   |  | <b>138,945.38</b>   |
| <b>UNITED STATES TREASURY INTERNAL REVENUE SERVICE<br/>P.O. BOX 105083<br/>ATLANTA, GA 30348-5083</b> | <b>UNITED STATES TREASURY INTERNAL REVENUE SERVICE<br/>P.O. BOX 105083<br/>ATLANTA, GA 30348-5083</b>  | <b>Taxes</b>  |  | <b>423,539.95</b>   |

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Chairman of the Pauls Valley Hospital Authority of the Municipality named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date March 1, 2013Signature /s/ Tim Gamble

**Tim Gamble**  
**Chairman of the Pauls Valley Hospital Authority**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDELD D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL |              |          | UNSECURED<br>PORTION, IF<br>ANY |
|--|------------------------------|------------------------------------|--|--|--------------|----------|---------------------------------|
|  |                              |                                    |  | CONTINGENT   | UNLIQUIDATED | DISPUTED |                                 |
| Account No.  |                              |                                    |  |  |              |          |                                 |
| ANGELICA CORPORATION<br>P O BOX 535122<br>ATLANTA, GA 30353-5122   | -                            |                                    | Linens   |  |              |          |                                 |
|  |                              |                                    |  |  |              |          |                                 |
|  |                              |                                    | Value \$ Unknown   |  |              |          | 7,248.84 Unknown                |
| Account No.  |                              |                                    |  |  |              |          |                                 |
| DE LAGE LANDEN<br>P O BOX 41602<br>PHILADELPHIA, PA 19101-1602   | -                            |                                    | Lab equipment  |  |              |          |                                 |
|  |                              |                                    |  |  |              |          |                                 |
|  |                              |                                    | Value \$ Unknown   |  |              |          | 2,187.61 Unknown                |
| Account No.  |                              |                                    |  |  |              |          |                                 |
| ECOLAB<br>P O BOX 70343<br>CHICAGO, IL 60673-0343  | -                            |                                    | Dishwasher   |  |              |          |                                 |
|  |                              |                                    |  |  |              |          |                                 |
|  |                              |                                    | Value \$ Unknown   |  |              |          | 114.95 Unknown                  |
| Account No.  |                              |                                    |  |  |              |          |                                 |
| FIRST FINANCIAL<br>DEPT #2067<br>P O BOX 87618<br>CHICAGO, IL 60680  | -                            |                                    | McKesson Paragon<br>Billing Hardware & Software for<br>Medicare  |  |              |          |                                 |
|  |                              |                                    |  |  |              |          |                                 |
|  |                              |                                    | Value \$ Unknown   |  |              |          | 2,072,870.00 Unknown            |
| Subtotal<br>(Total of this page)   |                              |                                    |  |  |              |          | 2,082,421.40 0.00               |

4 continuation sheets attached

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital** Debtor

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Case No. \_\_\_\_\_

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

Sheet 1 of 4 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

Subtotal  
(Total of this page)

216-735-26

0.00

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.) | CODEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|------------------------------|------------------------------------|--|------------|--------------|----------|--|---------------------------------|
|  |                              |                                    |  |            |              |          |  |                                 |
| Account No.  |                              |                                    |  |            |              |          |  |                                 |
| PAGE PLUS, INC.<br>10222 EAST 41 STREET<br>TULSA, OK 74146   | -                            |                                    | Pagers   |            |              |          |  |                                 |
|  |                              |                                    |  |            |              |          |  |                                 |
|  |                              |                                    | Value \$ Unknown   |            |              |          | 256.25   | Unknown                         |
| Account No.  |                              |                                    |  |            |              |          |  |                                 |
| PAIN BUSINESS MACHINES<br>205 W PAUL AVENUE<br>PAULS VALLEY, OK 73075                                      | -                            |                                    | Copiers  |            |              |          |  |                                 |
|  |                              |                                    |  |            |              |          |  |                                 |
|  |                              |                                    | Value \$ Unknown   |            |              |          | 4,275.00   | Unknown                         |
| Account No.  |                              |                                    |  |            |              |          |  |                                 |
| PAULS VALLEY GENERAL<br>HOSPITAL/FUB DEBT S<br>100 VALLEY DRIVE<br>TRAN FROM OPERA, OK 73075               | -                            |                                    | Hospital Revenue, Mortgage on Property   |            |              |          |  |                                 |
|  |                              |                                    |  |            |              |          |  |                                 |
|  |                              |                                    | Value \$ Unknown   |            |              |          | 635,777.00   | Unknown                         |
| Account No.  |                              |                                    |  |            |              |          |  |                                 |
| PAULS VALLEY NATIONAL BANK<br>101 WEST PAUL<br>PAULS VALLEY, OK 73075                                      | -                            |                                    | Coag analyzer, laparascopy   |            |              |          |  |                                 |
|  |                              |                                    |  |            |              |          |  |                                 |
|  |                              |                                    | Value \$ Unknown   |            |              |          | 772,662.00   | Unknown                         |
| Account No.  |                              |                                    |  |            |              |          |  |                                 |
| PITNEY BOWES GLOBAL FINAN<br>SVCS<br>P O BOX 371887<br>PITTSBURG, PA 15250-7887                            | -                            |                                    | Postage Machine  |            |              |          |  |                                 |
|  |                              |                                    |  |            |              |          |  |                                 |
|  |                              |                                    | Value \$ Unknown   |            |              |          | 1,401.76   | Unknown                         |

Sheet 2 of 4 continuation sheets attached to  
Schedule of Creditors Holding Secured ClaimsSubtotal  
(Total of this page) 1,414,372.01 0.00

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital** Debtor

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Case No. \_\_\_\_\_

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

Sheet 3 of 4 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

Subtotal  
(Total of this page)

1,358,131.38

0.00

B6D (Official Form 6D) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.) | CODEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN | CONTIN<br>GENT                            | UNLI<br>QUID<br>ATE<br>D | DISP<br>UTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|------------------------------|------------------------------------|--|---|--------------------------|--------------|--|---------------------------------|
|  |                              |                                    |  |   |                          |              |  |                                 |
| Account No.  |                              |                                    |  |   |                          |              |  |                                 |
| TRACTMANAGER INC<br>P O BOX 637785<br>CINCINNATI, OH 45263-7785  | -                            |                                    | Scanner  |   |                          |              |  |                                 |
|  |                              |                                    |  |   |                          |              |  |                                 |
|  |                              |                                    | Value \$ Unknown   |   |                          |              | 11,772.40  | Unknown                         |
| Account No.  |                              |                                    |  |   |                          |              |  |                                 |
|  |                              |                                    |  |   |                          |              |  |                                 |
|  |                              |                                    | Value \$   |   |                          |              |  |                                 |
| Account No.  |                              |                                    |  |   |                          |              |  |                                 |
|  |                              |                                    |  |   |                          |              |  |                                 |
|  |                              |                                    | Value \$   |   |                          |              |  |                                 |
| Account No.  |                              |                                    |  |   |                          |              |  |                                 |
|  |                              |                                    |  |   |                          |              |  |                                 |
|  |                              |                                    | Value \$   |   |                          |              |  |                                 |
| Account No.  |                              |                                    |  |   |                          |              |  |                                 |
|  |                              |                                    |  |   |                          |              |  |                                 |
|  |                              |                                    | Value \$   |   |                          |              |  |                                 |
| Sheet 4 of 4 continuation sheets attached to<br>Schedule of Creditors Holding Secured Claims               |                              |                                    |  | Subtotal<br>(Total of this page)          |                          |              | 11,772.40  | 0.00                            |
|  |                              |                                    |  |   |                          |              |  |                                 |
|  |                              |                                    |  | Total<br>(Report on Summary of Schedules) |                          |              | 5,083,432.45   | 0.00                            |
|  |                              |                                    |  |   |                          |              |  |                                 |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

 **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/10) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor \_\_\_\_\_,

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units****TYPE OF PRIORITY**

| CREDITOR'S NAME,<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.)           | CODEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM | CONTINGENT<br>UNLIQUIDATED<br>DATE<br>T | DISPUTED<br>D | AMOUNT<br>OF CLAIM                        | AMOUNT NOT<br>ENTITLED TO<br>PRIORITY, IF ANY | AMOUNT<br>ENTITLED TO<br>PRIORITY |
|---|------------------------------|--|---|---------------|---|---|-----------------------------------|
|   |                              |  |   |               |   |   |                                   |
| Account No.   |                              |  |   |               |   |   |                                   |
| OKLAHOMA EMPLOYMENT SEC.<br>COMM.<br>P O BOX 52004<br>OKLAHOMA CITY, OK 73152-2004                                    | -                            | Unemployment Insurance/Taxes   |   |               | 41,895.61                                 | 0.00  | 41,895.61                         |
| Account No.   |                              |  |   |               |   |   |                                   |
| OKLAHOMA TAX COMMISSION<br>BUSINESS TAX DIVISION<br>2501 North Lincoln Blvd.<br>Oklahoma City, OK 73194-0009          | -                            | Taxes  |   |               | 44,537.01                                 | 0.00  | 44,537.01                         |
| Account No.   |                              |  |   |               |   |   |                                   |
| UNITED STATES TREASURY<br>INTERNAL REVENUE SERVICE<br>P.O. BOX 105083<br>ATLANTA, GA 30348-5083                       | -                            | Taxes  |   |               | 423,539.95                                | 0.00  | 423,539.95                        |
| Account No.   |                              |  |   |               |   |   |                                   |
| Account No.   |                              |  |   |               |   |   |                                   |
| Sheet <u>1</u> of <u>1</u> continuation sheets attached to<br>Schedule of Creditors Holding Unsecured Priority Claims |                              |  |   |               | Subtotal<br>(Total of this page)          | <u>0.00</u>                                   | <u>509,972.57</u>                 |
|   |                              |  |   |               | Total<br>(Report on Summary of Schedules) | <u>509,972.57</u>                             | <u>509,972.57</u>                 |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | C<br>O<br>D<br>E<br>B<br>T<br>O<br>R | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CON<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|--------------------------------------|-----------------|
|   |                                      |   |  |  |                                      |                 |
| Account No.   |                                      | <b>Trade Debt</b>   |  |  |                                      |                 |
| <b>AT &amp; T<br/>P O BOX 5001<br/>CAROL STREAM, IL 60197-5001</b>  | -                                    |   |  |  |                                      | <b>2,510.60</b> |
| Account No.   |                                      | <b>Trade Debt</b>   |  |  |                                      |                 |
| <b>ABBOTT NUTRITION<br/>P O BOX 92679<br/>CHICAGO, IL 60675-2679</b>  | -                                    |   |  |  |                                      | <b>619.69</b>   |
| Account No.   |                                      | <b>Trade Debt</b>   |  |  |                                      |                 |
| <b>ABILITY NETWORK INC<br/>DEPT CH 16577<br/>PALATINE, IL 60055-6577</b>                                      | -                                    |   |  |  |                                      | <b>1,440.00</b> |
| Account No.   |                                      | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |  |  |                                      |                 |
| <b>ABLA, CHARLENE<br/>301 Melville # 116<br/>Pauls Valley, OK 73075</b>                                       | -                                    |   |  |  | X                                    | <b>41.30</b>    |
| <b>82</b> continuation sheets attached  |                                      |   | Subtotal<br>(Total of this page)       |  |                                      | <b>4,611.59</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|  |                                    |   |                                  |              |          |                 |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| ADA COCA COLA DR PEPPER<br>P O BOX 1607<br>ADA, OK 74820   | -                                  |   |                                  |              |          | 68.80           |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| ADA OPEN MRI<br>11101 HEFNER POINTE DR. # 214<br>OKLAHOMA CITY, OK 73120   | -                                  |   |                                  |              |          | 635.73          |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| ADMINISTRATIVE CONSULTANT<br>SVCS<br>P O BOX 3368<br>SHAWNEE, OK 74802   | -                                  |   |                                  |              |          | 42,467.18       |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| ADMOTIONS DIRECT<br>2333 EAST BRITTON ROAD<br>OKLAHOMA CITY, OK 73131  | -                                  |   |                                  |              |          | 6,345.38        |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| AESCULAP INC.<br>3773 CORPORATE PARKWAY<br>CENTER VALLEY, PA 19178-2451  | -                                  |   |                                  |              |          | 404.04          |
| Sheet no. <u>1</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | 49,921.13       |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|--|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|  |                                    |   |                                  |              |          |                  |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>AHA SERVICES INC<br/>P O BOX 933283<br/>ATLANTA, GA 31193-3283</b>  | -                                  |   |                                  |              |          | <b>101.90</b>    |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>AIRSCAN TECH<br/>P O BOX 1539<br/>SPRINGTOWN, TX 76082</b>  | -                                  |   |                                  |              |          | <b>815.00</b>    |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>ALCON LABORATORIES<br/>P O BOX 951125<br/>DALLAS, TX 75395</b>  | -                                  |   |                                  |              |          | <b>139.00</b>    |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>ALEA TECHNOLOGY GROUP INC<br/>231 SHANNON LAKE CIRCLE<br/>GREENVILLE, SC 29615</b>                            | -                                  |   |                                  |              |          | <b>18,400.00</b> |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>ALERE NORTH AMERICA, INC.<br/>P O BOX 846153<br/>BOSTON, MA 02284-6153</b>                                    | -                                  |   |                                  |              |          | <b>4,138.75</b>  |
| Sheet no. <u>2</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>23,594.65</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|  |                                    |   |                                  |              |          |                 |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>ALLERGAN USA INC<br/>12975 COLLECTIONS CENTER DRIVE<br/>CHICAGO, IL 60693-0129</b>                            | -                                  |   |                                  |              |          | <b>212.00</b>   |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>ALPHA SOURCE INC<br/>BOX 1170<br/>MILWAUKEE, WI 53201-1170</b>  | -                                  |   |                                  |              |          | <b>15.70</b>    |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>AMBASSADOR COMPANY<br/>P O BOX 890287<br/>CHARLOTTE, NC 28289-0287</b>  | -                                  |   |                                  |              |          | <b>500.00</b>   |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>AMERICAN HOSPITAL ASSOCIATION<br/>P O BOX 92247<br/>CHICAGO, IL 60675-2247</b>                                | -                                  |   |                                  |              |          | <b>101.95</b>   |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>AMERIDOSE<br/>P O BOX 4140<br/>WOBURN, MA 01888-4140</b>  | -                                  |   |                                  |              |          | <b>59.80</b>    |
| Sheet no. <u>3</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>889.45</b>   |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|----------------------------------|--------------|----------|-----------------|
|  |                |   |                                  |              |          |                 |
| Account No.  |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>AMERIFACTORS<br/>P O BOX 628004<br/>ORLANDO, FL 32862-8004</b>  | -              |   |                                  |              |          | <b>206.62</b>   |
| Account No.  |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>AMERISOURCEBERGEN DRUG CORP<br/>P O BOX 905816<br/>CHARLOTTE, NC 28290-5816</b>                               | -              |   |                                  |              |          | <b>2,930.42</b> |
| Account No.  |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>AMUNDSEN FOOD EQUIPMENT<br/>1740 W MAIN ST<br/>OKLAHOMA CITY, OK 73106</b>                                    | -              |   |                                  |              |          | <b>522.70</b>   |
| Account No.  |                | <b>1/31/2011<br/>Patient Refund/Overpayment on Account</b>  |                                  |              |          |                 |
| <b>APPL, KATHRYN L<br/>3210 S Chickasaw<br/>Pauls Valley, OK 73075</b>   | -              |   |                                  |              | X        | <b>100.00</b>   |
| Account No.  |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>APPLIED MEDICAL<br/>P O BOX 75001<br/>CITY OF INDUSTRY, CA 91716-9759</b>                                     | -              |   |                                  |              |          | <b>557.00</b>   |
| Sheet no. <u>4</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | <b>4,316.74</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|  |                                    |   |                                  |              |          |                 |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>ARBUCKLE MEMORIAL HOSPITAL<br/>2011 W BROADWAY<br/>SULPHUR, OK 73086</b>                                      | -                                  |   |                                  |              |          | <b>1,632.52</b> |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>ARJO INC<br/>P O BOX 644960<br/>PITTSBURGH, PA 15264-4960</b>   | -                                  |   |                                  |              |          | <b>3,835.92</b> |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>ARNOLD OUTDOOR INC<br/>P O BOX 1105<br/>EDMOND, OK 73083</b>  | -                                  |   |                                  |              |          | <b>1,400.00</b> |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>ASEPTIC ENCLOSURES<br/>3720 HAMPTON AVE<br/>STE 204<br/>ST LOUIS, MO 63109</b>                                | -                                  |   |                                  |              |          | <b>416.95</b>   |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>AUTOMATIC FIRE CONTROL INC<br/>1708 SE 22ND ST<br/>OKLAHOMA CITY, OK 73129</b>                                | -                                  |   |                                  |              |          | <b>850.00</b>   |
| Sheet no. <u>5</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>8,135.39</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|----------------------------------|--------------|----------|-----------------|
|  |                |   |                                  |              |          |                 |
| Account No.  |                |   |                                  |              |          |                 |
| <b>BALLARD, JO A<br/>12345 County Rd 3450<br/>Stratford, OK 74872</b>  | -              | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        | <b>72.96</b>    |
| Account No.  |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>BARD<br/>P O BOX 75767<br/>CHARLOTTE, NC 28275</b>  | -              |   |                                  |              |          | <b>743.82</b>   |
| Account No.  |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>BARD PERIPHERAL<br/>P.O. BOX 75767<br/>CHARLOTTE, NC 28275</b>  | -              |   |                                  |              |          | <b>209.00</b>   |
| Account No.  |                | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        | <b>150.00</b>   |
| <b>BARKER, CALAE<br/>408 N Taylor<br/>Wynnewood, OK 73098</b>  | -              |   |                                  |              |          |                 |
| Account No.  |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>BAXA CORPORATION<br/>DEPARTMENT 1283<br/>DENVER, CO 80256</b>   | -              |   |                                  |              |          | <b>34.10</b>    |
| Sheet no. <u>6</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | <b>1,209.88</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|  |                                    |   |                                  |              |          |                 |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>BAXTER HEALTHCARE CORP<br/>P O BOX 730531<br/>DALLAS, TX 75373</b>  | -                                  |   |                                  |              |          | <b>8,967.99</b> |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>BAYLESS DRUG<br/>P O BOX 150<br/>STRATFORD, OK 74872</b>  | -                                  |   |                                  |              |          | <b>92.71</b>    |
| Account No.  |                                    | <b>9/1/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        |                 |
| <b>BAZOR, RAYMOND W<br/>33069 E CR 1690<br/>Wynnewood, OK 73098</b>  | -                                  |   |                                  |              |          | <b>109.60</b>   |
| Account No.  |                                    | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        |                 |
| <b>BAZOR, RAYMOND W<br/>33069 E CR 1690<br/>Wynnewood, OK 73098</b>  | -                                  |   |                                  |              |          | <b>109.60</b>   |
| Account No.  |                                    | <b>10/31/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        |                 |
| <b>BECHTEL, LAHOMA<br/>498 County Road 1399<br/>Chickasha, OK 73018</b>  | -                                  |   |                                  |              |          | <b>155.00</b>   |
| Sheet no. <u>7</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>9,434.90</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|  |                                    |   |                                  |              |          |                 |
| Account No.  |                                    |   |                                  |              |          |                 |
| <b>BECHTEL, LAHOMA<br/>498 County Road 1399<br/>Chickasha, OK 73018</b>  | -                                  | <b>1/31/2011<br/>Patient Refund/Overpayment on Account</b>  |                                  |              | X        | <b>163.55</b>   |
| Account No.  |                                    |   |                                  |              |          |                 |
| <b>BECKMAN COULTER, INC.<br/>DEPT. CH 10164<br/>PALATINE, IL 60055-0164</b>                                      | -                                  | <b>Trade Debt</b>   |                                  |              |          | <b>1,242.37</b> |
| Account No.  |                                    |   |                                  |              |          |                 |
| <b>BELLS INTERNATIONAL<br/>4009 MARATHON BLVD<br/>AUSTIN, TX 78756</b>   | -                                  | <b>Trade Debt</b>   |                                  |              |          | <b>2,279.90</b> |
| Account No.  |                                    |   |                                  |              |          |                 |
| <b>BESON BRENT MD<br/>4221 S WESTERN AVE SUITE 5000<br/>OKLAHOMA CITY, OK 73109</b>                              | -                                  | <b>Trade Debt</b>   |                                  |              |          | <b>64.78</b>    |
| Account No.  |                                    |   |                                  |              |          |                 |
| <b>BEVERS, LORETTA<br/>31778 E CR 1650<br/>Elmore City, OK 73433</b>   | -                                  | <b>1/31/2011<br/>Patient Refund/Overpayment on Account</b>  |                                  |              | X        | <b>172.00</b>   |
| Sheet no. <u>8</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>3,922.60</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)         | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>BILL MELTON DENTAL LAB<br/>309 E FREEMAN<br/>DAVIS, OK 73030</b>   | -                                  |   |                                  |              |          | <b>325.00</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>BIRCH COMMUNICATIONS<br/>DEPT AT 952855<br/>ATLANTA, GA 31192-2855</b>   | -                                  |   |                                  |              |          | <b>64.80</b>     |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>BKD LLP<br/>6120 S YALE AVE STE 1400<br/>TULSA, OK 74136-4223</b>  | -                                  |   |                                  |              |          | <b>21,997.48</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>BLACKBURN HOME CENTER<br/>320 W PAUL AVE<br/>PAULS VALLEY, OK 73075</b>  | -                                  |   |                                  |              |          | <b>1,868.03</b>  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>Boaz &amp; Associates<br/>Three Corporate Plaza<br/>3613 N.W. 56th Street, STE 300<br/>Oklahoma City, OK 73112</b> | -                                  |   |                                  |              |          | <b>1,437.70</b>  |
| Sheet no. <u>9</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims      |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>25,693.01</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                 |
| <b>BOND THE FLORIST<br/>905 N OAK ST<br/>PAULS VALLEY, OK 73075</b>   | -                                  |   |                                  |              |          | <b>164.60</b>   |
| Account No.   |                                    | 9/1/2010<br>Patient Refund/Overpayment on Account   |                                  |              |          |                 |
| <b>BOOKER, JOHNNIE<br/>P O Box 741<br/>Stratford, OK 74872</b>  | -                                  |   |                                  |              | X        | <b>14.00</b>    |
| Account No.   |                                    | 11/30/2010<br>Patient Refund/Overpayment on Account   |                                  |              |          |                 |
| <b>BOOKER, JOHNNIE<br/>P O Box 741<br/>Pauls Valley, OK 73075</b>   | -                                  |   |                                  |              | X        | <b>14.00</b>    |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                 |
| <b>BOONE &amp; BOONE SALES CO INC<br/>5484 S 103RD E AVE<br/>TULSA, OK 74146</b>                                  | -                                  |   |                                  |              |          | <b>132.76</b>   |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                 |
| <b>BORDEN MEADOW GOLD DAIRIES<br/>P O BOX 972384<br/>DALLAS, TX 75397-0238</b>                                    | -                                  |   |                                  |              |          | <b>2,732.89</b> |
| Sheet no. <u>10</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>3,058.25</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    |   |                                  |              |          |                 |
| <b>BOSTICK, SALLIE F<br/>402 S Taylor<br/>Wynnewood, OK 73098</b>   | -                                  | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        | <b>25.00</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>BOYCE BYNUM PATH LAB PC<br/>P O BOX 7406<br/>COLUMBIA, MO 65205</b>  | -                                  |   |                                  |              |          | <b>26.72</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>BRACCO<br/>107 COLLEGE ROAD EAST<br/>PRINCETON, NJ 08540</b>   | -                                  |   |                                  |              |          | <b>675.00</b>   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>BREATH OF LIFE<br/>P O BOX 610329<br/>DALLAS, TX 75261-0329</b>  | -                                  |   |                                  |              |          | <b>750.00</b>   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>BRIGGS CORPORATION<br/>P O BOX 1355<br/>DES MOINES, IA 50305-1355</b>  | -                                  |   |                                  |              |          | <b>156.40</b>   |
| Sheet no. <u>11</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>1,633.12</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                          |   |                                  |              |          |                 |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>BUSINESS IMAGING SYSTEMS INC<br/>P O BOX 20007<br/>OKLAHOMA CITY, OK 73156</b>                                 | -                        |   |                                  |              |          | <b>6,288.40</b> |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>CABLE PRINTING/LINDSAY NEWS<br/>117 S MAIN<br/>LINDSAY, OK 73052</b>   | -                        |   |                                  |              |          | <b>9.60</b>     |
| Account No.   |                          | <b>9/1/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        |                 |
| <b>CADE, JEAN M<br/>25430 N CR 3110<br/>Elmore City, OK 73433</b>   | -                        |   |                                  |              |          | <b>20.00</b>    |
| Account No.   |                          | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        |                 |
| <b>CADE, JEAN M<br/>25430 N CR 3110<br/>Elmore City, OK 73433</b>   | -                        |   |                                  |              |          | <b>20.00</b>    |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>CALLIBRA INC<br/>SUITE 838<br/>150 NORTH MARTINGALE ROAD<br/>SCHAUMBURG, IL 60173</b>                          | -                        |   |                                  |              |          | <b>1,250.00</b> |
| Sheet no. <u>12</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                          |   | Subtotal<br>(Total of this page) |              |          | <b>7,588.00</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CAPITAL CITY PROCESSORS LLC<br/>P O BOX 94148<br/>OKLAHOMA CITY, OK 73143</b>                                  | -                                  |   |                                  |              |          | <b>375.00</b>    |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CARDINAL HEALTH<br/>P O BOX 730112<br/>DALLAS, TX 75373-0112</b>   | -                                  |   |                                  |              |          | <b>26,692.95</b> |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CARDINAL HEALTH 411 INC<br/>P O BOX 847384<br/>DALLAS, TX 75284-7384</b>                                       | -                                  |   |                                  |              |          | <b>9,263.40</b>  |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CARDINAL HEALTH SPECIALTY<br/>14265 COLLECTIONS CENTER DRIVE<br/>CHICAGO, IL 60693</b>                         | -                                  |   |                                  |              |          | <b>1,314.35</b>  |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CAREER BUILDER LLC<br/>13047 COLLECTION CENTER DRIVE<br/>CHICAGO, IL 60693-0130</b>                            | -                                  |   |                                  |              |          | <b>5,000.00</b>  |
| Sheet no. <u>13</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>42,645.70</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)         | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CAREERSTAFF<br/>UNLIMITED-OKLAHOMA<br/>C/O CAREERSTAFF UNLIMITED<br/>P O BOX 200528<br/>HOUSTON, TX 77216-0528</b> | -                                  |   |                                  |              |          | <b>4,356.05</b>  |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CAREFUSION<br/>3750 Torrey View Court<br/>San Diego, CA 92130</b>  | -                                  |   |                                  |              |          | <b>4,019.11</b>  |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CAREFUSION V MUELLER<br/>131 SOUTH DEARBORN 6TH FLOOR<br/>CAREFUSION 2200 LOCKBOX 25146<br/>CHICAGO, IL 60603</b>  | -                                  |   |                                  |              |          | <b>789.83</b>    |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CARESTREAM HEALTH, INC.<br/>DEPT CH 19286<br/>PALATINE, IL 60055-9286</b>  | -                                  |   |                                  |              |          | <b>25,031.76</b> |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CDW GOVERNMENT<br/>200 NORTH MILWAUKEE AVE<br/>VERNON HILLS, IL 60061</b>  | -                                  |   |                                  |              |          | <b>9,029.70</b>  |
| Sheet no. <u>14</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims     |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>43,226.45</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CENTURION MEDICAL PRODUCTS<br/>P O BOX 842816<br/>BOSTON, MA 02281-2816</b>                                    | -                                  |   |                                  |              |          | <b>5,306.50</b>  |
| Account No.   |                                    | 9/1/2010<br>Patient Refund/Overpayment on Account   |                                  |              |          |                  |
| <b>CHEATHAM, TAMMY L<br/>114 E Gardner<br/>Pauls Valley, OK 73075</b>   | -                                  |   |                                  |              | X        | <b>17.69</b>     |
| Account No.   |                                    | 11/30/2010<br>Patient Refund/Overpayment on Account   |                                  |              |          |                  |
| <b>CHEATHAM, TAMMY L<br/>114 E. Gardner<br/>Pauls Valley, OK 73075</b>  | -                                  |   |                                  |              | X        | <b>17.69</b>     |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CHICKASAW PERSONAL<br/>COMMUNICATIONS<br/>P.O. BOX 2556<br/>ARDMORE, OK 73402</b>                              | -                                  |   |                                  |              |          | <b>471.00</b>    |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CHICKASAW TELECOM INC<br/>5 NORTH MCCORMICK<br/>OKLAHOMA CITY, OK 73127-6620</b>                               | -                                  |   |                                  |              |          | <b>40,876.82</b> |
| Sheet no. <u>15</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>46,689.70</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | C<br>O<br>D<br>E<br>B<br>E<br>T<br>O<br>R<br><br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CON<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | DIS<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM   |
|---|---|---|--|--|------------------------------|-------------------|
|   |   |   |  |  |                              |                   |
| Account No.   |   | Trade Debt  |  |  |                              |                   |
| CHRIS WHYBREW<br>1215 W Edgewater Place<br>Broken Arrow, OK 74012   | -   |   |  |  | X                            | 260,000.00        |
| Account No.   |   | Trade Debt  |  |  |                              |                   |
| CHURCH OF CHRIST<br>P O BOX 476<br>PAULS VALLEY, OK 73075   | -   |   |  |  |                              | 3,000.00          |
| Account No.   |   | Trade Debt  |  |  |                              |                   |
| CIMARRON INS EXCHANGE, RRG<br>P O BOX 1838<br>OKLAHOMA CITY, OK 73101-1838  | -   |   |  |  |                              | 197,024.90        |
| Account No.   |   | Trade Debt  |  |  |                              |                   |
| CINTAS DOCUMENT MANAGEMENT<br>P O BOX 633842<br>CINCINNATI, OH 45263  | -   |   |  |  |                              | 1,032.60          |
| Account No.   |   | Trade Debt  |  |  |                              |                   |
| CITY OF PAULS VALLEY<br>WATER DEPARTMENT<br>BOX 778<br>PAULS VALLEY, OK 73075                                     | -   |   |  |  |                              | 4,610.48          |
| Sheet no. <u>16</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |   |   | Subtotal<br>(Total of this page)       |  |                              | <b>465,667.98</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                           | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CITY OF PAULS VALLEY - EMS<br/>BOX 778<br/>PAULS VALLEY, OK 73075</b>  | -                                  |   |                                  |              |          | <b>6,500.00</b>  |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CLEAR ADVANTAGE COLLAR, INC.<br/>BIBBY FINANCIAL SVCS MIDWEST,<br/>INC.<br/>14906 COLLECTIONS CENTER DRIVE<br/>CHICAGO, IL 60693</b> | -                                  |   |                                  |              |          | <b>1,345.00</b>  |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CLIFFORD POWER SYSTEMS<br/>P O BOX 875500<br/>KANSAS CITY, MO 64187-5500</b>   | -                                  |   |                                  |              |          | <b>1,241.00</b>  |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CLINICAL SOFTWARE SOLUTIONS<br/>20940 EAST MEWES ROAD<br/>QUEEN CREEK, AZ 85242</b>  | -                                  |   |                                  |              |          | <b>3,799.69</b>  |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>CLT REFRIGERATION INC.<br/>404 S EARL ST<br/>PAULS VALLEY, OK 73075</b>  | -                                  |   |                                  |              |          | <b>463.88</b>    |
| Sheet no. <u>17</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims                       |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>13,349.57</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------------|---|----------------------------------|--------------|----------|-----------------|
|   |                |   |                                  |              |          |                 |
| Account No.   |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>CMS COMMUNICATIONS, INC.</b><br>P O BOX 790372<br>ST LOUIS, MO 63179-0379                                      | -              |   |                                  |              |          | <b>2,922.56</b> |
| Account No.   |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>COASTLINE PHARMACEUTICALS LLC</b><br>P O BOX 548<br>POOLER, GA 31322   | -              |   |                                  |              |          | <b>132.00</b>   |
| Account No.   |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>CODING INSTITUTE</b><br>SUBSCRIBER SERVICES<br>P O BOX 933729<br>ATLANTA, GA 31193-3729                        | -              |   |                                  |              |          | <b>249.00</b>   |
| Account No.   |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>COLE TECHNOLOGY GROUP</b><br>P O BOX 720696<br>NORMAN, OK 73070  | -              |   |                                  |              |          | <b>17.21</b>    |
| Account No.   |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>COLLEGE/AMERICAN</b><br>PATHOLOGISTS<br>P O BOX 71698<br>CHICAGO, IL 60694-1698                                | -              |   |                                  |              |          | <b>462.00</b>   |
| Sheet no. <u>18</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | <b>3,782.77</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|------------|--------------|----------|------------------|
|   |                                    |   |            |              |          |                  |
| Account No.   |                                    | Trade Debt  |            |              |          |                  |
| <b>COLLEGIATE MEDICAL LLC<br/>P.O. BOX 9238<br/>SHAWNEE MISSION, KS 66201</b>                                     | -                                  |   |            |              |          | <b>1,028.00</b>  |
| Account No.   |                                    | 1/31/2011<br>Patient Refund/Overpayment on Account  |            |              |          |                  |
| <b>COLLINGS, JANIE<br/>41248 E CR 1510<br/>Pauls Valley, OK 73075</b>   | -                                  |   |            | X            |          | <b>21.75</b>     |
| Account No.   |                                    | 1/31/2011<br>Patient Refund/Overpayment on Account  |            |              |          |                  |
| <b>COLLINS, DELILAH<br/>1500 E Robt. S. Kerr # 2B<br/>Wynnewood, OK 73098</b>                                     | -                                  |   |            | X            |          | <b>19.00</b>     |
| Account No.   |                                    | Trade Debt  |            |              |          |                  |
| <b>COMFORT INN &amp; SUITES<br/>103 S HUMPHREY BLVD<br/>PAULS VALLEY, OK 73075</b>                                | -                                  |   |            |              |          | <b>455.00</b>    |
| Account No.   |                                    | Trade Debt  |            |              |          |                  |
| <b>COMPSSOURCE OKLAHOMA<br/>P O BOX 269021<br/>OKLAHOMA CITY, OK 73126-9021</b>                                   | -                                  |   |            |              |          | <b>21,357.00</b> |
| Sheet no. <u>19</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    | Subtotal<br>(Total of this page)  |            |              |          | <b>22,880.75</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)              | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM   |
|--|------------------------------------|---|----------------------------------|--------------|----------|-------------------|
|  |                                    |   |                                  |              |          |                   |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                   |
| <b>COMPUTER SOLUTIONS<br/>507 SOUTH WILLOW SUITE A<br/>PAULS VALLEY, OK 73075</b>  | -                                  |   |                                  |              |          | <b>1,600.00</b>   |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                   |
| <b>CONE INSTRUMENTS LLC<br/>3261 MOMENTUM PLACE<br/>CHICAGO, IL 60689-5332</b>   | -                                  |   |                                  |              |          | <b>139.94</b>     |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                   |
| <b>CONNECT HEALTH PROFESSIONALS<br/>2411 SPRINGER DRIVE<br/>NORMAN, OK 73069</b>   | -                                  |   |                                  |              |          | <b>128,025.79</b> |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                   |
| <b>CONNER &amp; WINTERS<br/>4000 ONE WILLIAMS CENTER<br/>TULSA, OK 74172-0148</b>  | -                                  |   |                                  |              |          | <b>14,805.50</b>  |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                   |
| <b>CONSTELLATION ENERGY<br/>BANK OF AMERICA LOCKBOX SVCS<br/>15246 COLLECTIONS CENTER DRIVE<br/>CHICAGO, IL 60693-0001</b> | -                                  |   |                                  |              |          | <b>7,588.44</b>   |
| Sheet no. <u>20</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims          |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>152,159.67</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------------|---|----------------------------------|--------------|----------|-----------------|
|   |                |   |                                  |              |          |                 |
| Account No.   |                |   |                                  |              |          |                 |
| COOK, TONYA D<br>705 W Main<br>Elmore City, OK 73433  | -              | 7/29/2010<br>Patient Refund/Overpayment on Account  |                                  |              | X        | 3,724.00        |
| Account No.   |                |   |                                  |              |          |                 |
| COOK, TONYA D<br>705 W Main<br>Elmore City, OK 73433  | -              | 10/31/2010<br>Patient Refund/Overpayment on Account   |                                  |              | X        | 2,289.41        |
| Account No.   |                |   |                                  |              |          |                 |
| CORNFORTH, JOYCE<br>2001 S Walnut<br>Pauls Valley, OK 73075   | -              | 1/31/2011<br>Patient Refund/Overpayment on Account  |                                  |              | X        | 15.00           |
| Account No.   |                |   |                                  |              |          |                 |
| CRAWFORD, MARNIE<br>32368 East CR 1580<br>Pauls Valley, OK 73075  | -              | 1/31/2011<br>Patient Refund/Overpayment on Account  |                                  |              | X        | 18.85           |
| Account No.   |                |   |                                  |              |          |                 |
| CZARNECKI, HANNAH<br>32502 E CR 1490<br>Paoli, OK 73074   | -              | 1/31/2011<br>Patient Refund/Overpayment on Account  |                                  |              | X        | 100.00          |
| Sheet no. <u>21</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | 6,147.26        |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>D MED CORPORATION<br/>5151 BELTLINE ROAD<br/>SUITE 1125<br/>DALLAS, TX 75254</b>                               | -                                  |   |                                  |              |          | <b>2,487.08</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>DATEX-OHMEDA<br/>P O BOX 641936<br/>PITTSBURGH, PA 15264-1936</b>  | -                                  |   |                                  |              |          | <b>4,688.40</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>DAVIS NEWS<br/>P O BOX 98<br/>DAVIS, OK 73030</b>  | -                                  |   |                                  |              |          | <b>186.00</b>   |
| Account No.   |                                    | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              |          |                 |
| <b>DAVIS, BENJAMIN<br/>100 Valley Drive<br/>Pauls Valley, OK 73075</b>  | -                                  |   |                                  |              | X        | <b>87.77</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>DBL<br/>3453 PELHAM ROAD<br/>GREENVILLE, SC 29615</b>  | -                                  |   |                                  |              |          | <b>570.68</b>   |
| Sheet no. <u>22</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>8,019.93</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    |   |                                  |              |          |                  |
| <b>DENTON, ERLE Q<br/>300 Melville Dr #305<br/>Pauls Valley, OK 73075</b>   | -                                  | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        | <b>2,303.25</b>  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>DEPARTMENT OF LABOR<br/>3017 NORTH STILES SUITE 100<br/>OKLAHOMA CITY, OK 73105</b>                            | -                                  |   |                                  |              |          | <b>75.00</b>     |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>DF EXHAUST &amp; BRAKES<br/>827 S CHICKASAW<br/>PAULS VALLEY, OK 73075</b>                                     | -                                  |   |                                  |              |          | <b>101.35</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>DIAGNOSTIC LAB OF OK<br/>P O BOX 676324<br/>DALLAS, TX 75267-6324</b>  | -                                  |   |                                  |              |          | <b>15,059.87</b> |
| Account No.   |                                    | <b>8/31/2010<br/>Patient Refund/Overpayment on Account</b>  |                                  |              | X        |                  |
| <b>DIAZ, GILBERT<br/>202 W Chapel Ridge #1113<br/>Pauls Valley, OK 73075</b>                                      | -                                  |   |                                  |              |          | <b>20.00</b>     |
| Sheet no. <u>23</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>17,559.47</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    |   |                                  |              |          |                 |
| DIAZ, GILBERT<br>202 W Chapel Ridge #1113<br>Pauls Valley, OK 73075   | -                                  | 9/1/2010<br>Patient Refund/Overpayment on Account   |                                  |              | X        | 20.00           |
| Account No.   |                                    |   |                                  |              |          |                 |
| DICKINSON, MILDRED L<br>P O Box 184<br>Paoli, OK 73074  | -                                  | 9/1/2010<br>Patient Refund/Overpayment on Account   |                                  |              | X        | 26.70           |
| Account No.   |                                    |   |                                  |              |          |                 |
| DICKINSON, MILDRED L<br>P O Box 184<br>Paoli, OK 73074  | -                                  | 11/30/2010<br>Patient Refund/Overpayment on Account   |                                  |              | X        | 26.70           |
| Account No.   |                                    |   |                                  |              |          |                 |
| DILL OIL COMPANY<br>P O BOX 427<br>ELMORE CITY, OK 73433  | -                                  | Trade Debt  |                                  |              |          | 457.18          |
| Account No.   |                                    |   |                                  |              |          |                 |
| DIMENSIONAL CONCEPTS<br>P O BOX 1838<br>STILLWATER, OK 74076  | -                                  | Trade Debt  |                                  |              |          | 2,000.00        |
| Sheet no. <u>24</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <u>2,530.58</u> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| DIVERSIFIED BIOLOGICALS MIA<br>4300 SW 73RD AVENUE<br>SUITE 102<br>MIAMI, FL 33155-4512                           | -                                  |   |                                  |              |          | 140.22          |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| DRAEGER SAFETY DIAGNOSTICS INC<br>P O BOX 200337<br>PITTSBURGH, PA 15251  | -                                  |   |                                  |              |          | 353.50          |
| Account No.   |                                    | 1/31/2011<br>Patient Refund/Overpayment on Account  |                                  |              | X        |                 |
| DU, LEANN Q<br>705 Geronimo<br>Pauls Valley, OK 73075   | -                                  |   |                                  |              |          | 19.00           |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| DYNATRONICS CORPORATION<br>7030 PARK CENTRE DRIVE<br>SALT LAKE CITY, UT 84121                                     | -                                  |   |                                  |              |          | 291.84          |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| DYSPHAGIA SERVICES INC<br>P O BOX 720932<br>OKLAHOMA CITY, OK 73172   | -                                  |   |                                  |              |          | 1,387.27        |
| Sheet no. <u>25</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | 2,191.83        |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                          |   |                                  |              |          |                 |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>E M S SURGICAL<br/>708 S OLD TRAIL<br/>SELINSGROVE, PA 17870</b>   | -                        |   |                                  |              |          | <b>89.82</b>    |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>EDCO GROUP INC<br/>P O BOX 7010<br/>SPRINGFIELD, MO 65801-7010</b>   | -                        |   |                                  |              |          | <b>114.98</b>   |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>ELECTRONIC DICTATION OF TULSA<br/>9717 E 42ND ST SUITE 142<br/>TULSA, OK 74146</b>                             | -                        |   |                                  |              |          | <b>1,167.00</b> |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>ELMORE CITY EMS<br/>P O BOX 99<br/>ELMORE CITY, OK 73433-0099</b>  | -                        |   |                                  |              |          | <b>443.01</b>   |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>ELSEVIER<br/>P O BOX 0848<br/>CAROL STREAM, IL 60132-0848</b>  | -                        |   |                                  |              |          | <b>87.26</b>    |
| Sheet no. <u>26</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                          |   | Subtotal<br>(Total of this page) |              |          | <b>1,902.07</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| EM-CARE PHYSICIAN SERVICES<br>7032 COLLECTION CENTER DR<br>CHICAGO, IL 60693                                      | -                                  |   |                                  |              |          | 56,250.00        |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| EMPI<br>P O BOX 660154<br>DALLAS, TX 75266  | -                                  |   |                                  |              |          | 474.03           |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| ENCOMPASS GROUP LLC<br>DEPT 40254<br>P O BOX 740209<br>ATLANTA, GA 30374-0209                                     | -                                  |   |                                  |              |          | 1,476.48         |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| EPIMED INTERNATIONAL<br>141 SAL LANDRIO DRIVE<br>JOHNSTOWN, NY 12095  | -                                  |   |                                  |              |          | 2,729.57         |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| EUREKA WATER COMPANY<br>P O BOX 26730<br>OKLAHOMA CITY, OK 73126-0730   | -                                  |   |                                  |              |          | 73.86            |
| Sheet no. <u>27</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>61,003.94</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| EVANS ENTERPRISES INC<br>1536 SOUTH WESTERN AVENUE<br>OKLAHOMA CITY, OK 73109                                     | -                                  |   |                                  |              |          | 225.00           |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| EXPEDITIVE<br>3 INDEPENDENCE WAY<br>SUITE 201<br>PRINCETON, NJ 08540  | -                                  |   |                                  |              |          | 11,183.92        |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| FAMILY TRADITIONS<br>P O BOX 550968<br>GASTONIA, NC 28055-0968  | -                                  |   |                                  |              |          | 171.58           |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| FEDERAL CORPORATION<br>DEPT. 96-0293<br>OKLAHOMA CITY, OK 73196-0293  | -                                  |   |                                  |              |          | 271.50           |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| FEDERAL EXPRESS CORPORATION<br>P O BOX 660481<br>DALLAS, TX 75266-0481  | -                                  |   |                                  |              |          | 234.50           |
| Sheet no. <u>28</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>12,086.50</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                          |   |                                  |              |          |                 |
| Account No.   |                          |   |                                  |              |          |                 |
| <b>FINCHER, ALVA<br/>411 S Gage<br/>Pauls Valley, OK 73075</b>  | -                        | <b>1/31/2011<br/>Patient Refund/Overpayment on Account</b>  |                                  |              | X        | <b>35.24</b>    |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>FIRE PROTECTION<br/>1704 FLOYD RD<br/>ARDMORE, OK 73401</b>  | -                        |   |                                  |              |          | <b>66.00</b>    |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>FIRMIN BUSINESS FORMS INC<br/>P O BOX 23587<br/>WACO, TX 76702-3587</b>  | -                        |   |                                  |              |          | <b>218.42</b>   |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>FISHER HEALTHCARE<br/>P O BOX 404705<br/>ATLANTA, GA 30384</b>   | -                        |   |                                  |              |          | <b>6,176.07</b> |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>FUELMAN<br/>P.O. BOX 105080<br/>ATLANTA, GA 30348-5080</b>   | -                        |   |                                  |              |          | <b>500.00</b>   |
| Sheet no. <u>29</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                          |   | Subtotal<br>(Total of this page) |              |          | <b>6,995.73</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | C<br>O<br>D<br>E<br>B<br>E<br>T<br>O<br>R<br><br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CON<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | DIS<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM  |
|---|---|---|--|--|------------------------------|------------------|
|   |   |   |  |  |                              |                  |
| Account No.   |   |   |  |  |                              |                  |
| <b>FULLERTON, JAMES R<br/>126 Tanglewood Dr<br/>Pauls Valley, OK 73075</b>  | -   | <b>1/31/2011<br/>Patient Refund/Overpayment on Account</b>  |  |  | X                            | <b>50.00</b>     |
| Account No.   |   | <b>Trade Debt</b>   |  |  |                              |                  |
| <b>GARVIN COUNTY NEWS STAR<br/>P O BOX 617<br/>MAYSVILLE, OK 73057</b>  | -   |   |  |  |                              | <b>2,020.00</b>  |
| Account No.   |   | <b>Trade Debt</b>   |  |  |                              |                  |
| <b>GARVIN,AGEE,CARLTON &amp;<br/>MASHBURN<br/>P O BOX 10<br/>PAULS VALLEY, OK 73075</b>                           | -   |   |  |  |                              | <b>28,594.54</b> |
| Account No.   |   | <b>Trade Debt</b>   |  |  |                              |                  |
| <b>GE HEALTHCARE<br/>P O BOX 640200<br/>PITTSBURGH, PA 15264-0200</b>   | -   |   |  |  |                              | <b>7,912.38</b>  |
| Account No.   |   | <b>Trade Debt</b>   |  |  |                              |                  |
| <b>GE HEALTHCARE MEDICAL<br/>SYSTEMS<br/>P O BOX 843553<br/>DALLAS, TX 75284</b>                                  | -   |   |  |  |                              | <b>2,925.84</b>  |
| Sheet no. <u>30</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |   |   | Subtotal<br>(Total of this page)       |  |                              | <b>41,502.76</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|------------|--------------|----------|-----------------|
|   |                                    |   |            |              |          |                 |
| Account No.   |                                    | Trade Debt  |            |              |          |                 |
| GEDDES ELECTRIC LLC<br>P O BOX 1278<br>PAULS VALLEY, OK 73075   | -                                  |   |            |              |          | 60.00           |
| Account No.   |                                    | 1/31/2011<br>Patient Refund/Overpayment on Account  |            |              |          |                 |
| GENN, PEGGY A<br>6722 HWY 77D<br>Davis, OK 73030  | -                                  |   |            | X            |          | 26.97           |
| Account No.   |                                    | 1/31/2011<br>Patient Refund/Overpayment on Account  |            |              |          |                 |
| GENN, PEGGY A<br>6722 HWY 77D<br>Davis, OK 73030  | -                                  |   |            | X            |          | 26.97           |
| Account No.   |                                    | Trade Debt  |            |              |          |                 |
| GRAINGER<br>DEPT 807669569<br>P O BOX 419267<br>KANSAS CITY, MO 64141-6267  | -                                  |   |            |              |          | 2,479.69        |
| Account No.   |                                    | 9/1/2010<br>Patient Refund/Overpayment on Account   |            |              |          |                 |
| GRAY, RICHARD<br>13018 N CR 3400<br>Stratford, OK 74872   | -                                  |   |            | X            |          | 204.77          |
| Sheet no. <u>31</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    | Subtotal<br>(Total of this page)  |            |              |          | <b>2,798.40</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    |   |                                  |              |          |                 |
| GRAY, RICHARD<br>Rt 2, Box 64<br>Elmore City, OK 73433  | -                                  | 11/30/2010<br>Patient Refund/Overpayment on Account   |                                  |              | X        | 204.77          |
| Account No.   |                                    |   |                                  |              |          |                 |
| GUDERIAN FOODS COMPANY<br>1830 B STREET<br>ADA, OK 74820  | -                                  | Trade Debt  |                                  |              |          | 4,307.45        |
| Account No.   |                                    |   |                                  |              |          |                 |
| GYRUS ACMI LP<br>DEPT 0166<br>P O BOX 120166<br>DALLAS, TX 75312-0166   | -                                  | Trade Debt  |                                  |              |          | 120.35          |
| Account No.   |                                    |   |                                  |              |          |                 |
| H D G<br>P O BOX 4591<br>HOUSTON, TX 77210-4591   | -                                  | Trade Debt  |                                  |              |          | 294.99          |
| Account No.   |                                    |   |                                  |              |          |                 |
| HADDOCK, ZELMA M<br>318 W Joy<br>Pauls Valley, OK 73075   | -                                  | 1/31/2011<br>Patient Refund/Overpayment on Account  |                                  |              | X        | 65.00           |
| Sheet no. <u>32</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | 4,992.56        |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                  | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|--|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|  |                                    |   |                                  |              |          |                  |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>HAMBRICK-FERGUSON INC<br/>P O BOX 470245<br/>TULSA, OK 74147-0245</b>   | -                                  |   |                                  |              |          | <b>1,281.06</b>  |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>HARRISON - ORR AIR CONDITIONING<br/>4100 N WALNUT STREET<br/>OKLAHOMA CITY, OK 73105</b>                                    | -                                  |   |                                  |              |          | <b>930.00</b>    |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>HARRY THOMPSON INC.<br/>101 E PAUL AVE<br/>PAULS VALLEY, OK 73075</b>   | -                                  |   |                                  |              |          | <b>72.53</b>     |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>HEALTH CARE SERVICE<br/>CORPORATION<br/>REFUND DEPT/CASH<br/>DISBURSEMENTS<br/>P O BOX 731431<br/>DALLAS, TX 75373-1431</b> | -                                  |   |                                  |              |          | <b>91.18</b>     |
| Account No.  |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>HEALTHCARE MANAGEMENT<br/>SOLUTION<br/>P O BOX 721205<br/>NORMAN, OK 73070</b>  | -                                  |   |                                  |              |          | <b>13,039.43</b> |
| Sheet no. <u>33</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims              |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>15,414.20</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|------------|--------------|----------|------------------|
|   |                                    |   |            |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |            |              |          |                  |
| <b>HEALTHCHOICE<br/>P O BOX 24870<br/>OKLAHOMA CITY, OK 73075</b>   | -                                  |   |            |              |          | <b>50.98</b>     |
| Account No.   |                                    | <b>Trade Debt</b>   |            |              |          |                  |
| <b>HEALTHLAND<br/>DEPT 2384<br/>P O BOX 122384<br/>DALLAS, TX 75312-2384</b>                                      | -                                  |   |            |              |          | <b>20,432.11</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |            |              |          |                  |
| <b>HEALTHTECH SOLUTIONS GRP LLC<br/>405 DUKE DRIVE SUITE 210<br/>FRANKLIN, TN 37067</b>                           | -                                  |   |            |              |          | <b>3,966.66</b>  |
| Account No.   |                                    | <b>Trade Debt</b>   |            |              |          |                  |
| <b>HENDERSON COFFEE<br/>P O BOX 175<br/>MUSKOGEE, OK 74402</b>  | -                                  |   |            |              |          | <b>1,910.20</b>  |
| Account No.   |                                    | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |            |              | X        |                  |
| <b>HENDERSON, DENISE M<br/>29102 E CR 1650<br/>Elmore City, OK 73433</b>  | -                                  |   |            |              |          | <b>56.00</b>     |
| Sheet no. <u>34</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    | Subtotal<br>(Total of this page)  |            |              |          | <b>26,415.95</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>HENRY SCHEIN INC<br/>DEPT CH 10241<br/>PALATINE, IL 60055-0241</b>   | -                                  |   |                                  |              |          | <b>17,277.33</b> |
| Account No.   |                                    | 9/1/2010<br>Patient Refund/Overpayment on Account   |                                  |              |          |                  |
| <b>HERRIN, VIRGINIA<br/>1740 S Walnut<br/>Pauls Valley, OK 73075</b>  | -                                  |   |                                  |              | X        | <b>20.00</b>     |
| Account No.   |                                    | 1/31/2011<br>Patient Refund/Overpayment on Account  |                                  |              |          |                  |
| <b>HERRIN, VIRGINIA<br/>1740 S Walnut<br/>Pauls Valley, OK 73075</b>  | -                                  |   |                                  |              | X        | <b>20.00</b>     |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>HILL-ROM<br/>P O BOX 643592<br/>PITTSBURGH, PA 15264-3592</b>  | -                                  |   |                                  |              |          | <b>893.66</b>    |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>HOBART SERVICE<br/>P O BOX 2517<br/>CAROL STREAM, IL 60132-2517</b>  | -                                  |   |                                  |              |          | <b>113.00</b>    |
| Sheet no. <u>35</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>18,323.99</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------------|---|----------------------------------|--------------|----------|-----------------|
|   |                |   |                                  |              |          |                 |
| Account No.   |                | Trade Debt  |                                  |              |          |                 |
| HOLOGIC<br>24506 NETWORK PLACE<br>CHICAGO, IL 60673-1245  | -              |   |                                  |              |          | 832.50          |
| Account No.   |                | Trade Debt  |                                  |              |          |                 |
| HOSPIRA WORLDWIDE INC<br>ACCT # 50329283<br>75 REMITTANCE DRIVE SUITE 6136<br>CHICAGO, IL 60675-6136              | -              |   |                                  |              |          | 1,160.95        |
| Account No.   |                | Trade Debt  |                                  |              |          |                 |
| HURDLE AND ASSOCIATES INC<br>2326 MYRTLE SPRINGS AVE<br>DALLAS, TX 75220  | -              |   |                                  |              |          | 1,750.00        |
| Account No.   |                | 1/31/2011<br>Patient Refund/Overpayment on Account  |                                  |              |          |                 |
| HYDEN, KATHILEEN K<br>P O Box 305<br>Lindsay, OK 73433  | -              |   |                                  | X            |          | 30.41           |
| Account No.   |                | Trade Debt  |                                  |              |          |                 |
| ID-VILLE<br>5376 52ND ST SE<br>GRAND RAPIDS, MI 49512   | -              |   |                                  |              |          | 87.50           |
| Sheet no. <u>36</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | <u>3,861.36</u> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | C<br>O<br>D<br>E<br>B<br>E<br>T<br>O<br>R<br><br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CON<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | DIS<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM |
|---|---|---|--|--|------------------------------|-----------------|
|   |   |   |  |  |                              |                 |
| Account No.   |   | Trade Debt  |  |  |                              |                 |
| IMMUCOR, INC<br>P O BOX 102118<br>ATLANTA, GA 30368-2118  | -   |   |  |  |                              | 632.58          |
| Account No.   |   | 11/30/2010<br>Patient Refund/Overpayment on Account   |  |  | X                            |                 |
| INCE, PAULINE A<br>P O Box 463<br>Lindsay, OK 73052   | -   |   |  |  |                              | 112.12          |
| Account No.   |   | Trade Debt  |  |  |                              |                 |
| INFORMATION SOLUTIONS<br>326 A-1 N BLOOMINGTON<br>LOWELL, AR 72745  | -   |   |  |  |                              | 2,214.50        |
| Account No.   |   | Trade Debt  |  |  |                              |                 |
| ING LIFE INSURANCE AND ANNUITY<br>COMPANY<br>P O BOX 2215<br>NEW YORK, NY 10116-2215                              | -   |   |  |  |                              | 3,858.03        |
| Account No.   |   | Trade Debt  |  |  |                              |                 |
| INGENIX<br>P O BOX 88050<br>CHICAGO, IL 60680-1050  | -   |   |  |  |                              | 1,299.99        |
| Sheet no. <u>37</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |   | Subtotal<br>(Total of this page)  |  |  |                              | 8,117.22        |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>INSURANCE ONE<br/>205 S CHICKASAW<br/>PAULS VALLEY, OK 73075</b>   | -                                  |   |                                  |              |          | <b>30.00</b>     |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>INTEGRA LIFE SCIENCES CORP<br/>311 ENTERPRISE DRIVE<br/>PLAINSBORO, NJ 08536</b>                               | -                                  |   |                                  |              |          | <b>760.18</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>INTEGRIS MEDICAL SUPPLY<br/>4120 NORTH PORTLAND<br/>OKLAHOMA CITY, OK 73112</b>                                | -                                  |   |                                  |              |          | <b>4,250.00</b>  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>INTELEMED<br/>6976 D HIGHWATER CIRCLE<br/>EDMOND, OK 73034-6542</b>  | -                                  |   |                                  |              |          | <b>13,602.27</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>INTERNATIONAL INSTITUTE<br/>LANGUAGE SERVICES<br/>3654 S GRAND BLVD<br/>ST LOUIS, MO 63118</b>                 | -                                  |   |                                  |              |          | <b>59.40</b>     |
| Sheet no. <u>38</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>18,701.85</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| ITC<br>P O BOX 674441<br>DETROIT, MI 48267-4441   | -                                  |   |                                  |              |          | 419.80           |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| IVANS INC<br>P O BOX 850001<br>ORLANDO, FL 32885-0033   | -                                  |   |                                  |              |          | 62.00            |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| J & J HEALTH CARE SYSTEMS<br>P O BOX 406663<br>ATLANTA, GA 30384  | -                                  |   |                                  |              |          | 36,092.30        |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| J-4 CONTRACTING & DUNN PLUMB'G<br>110 DIFFIE LANE<br>PAULS VALLEY, OK 73075                                       | -                                  |   |                                  |              |          | 510.00           |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| JACK'S RX<br>P O BOX 217<br>MAYSVILLE, OK 73057   | -                                  |   |                                  |              |          | 30,143.12        |
| Sheet no. <u>39</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>67,227.22</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>JACKSON BOILER AND TANK CO.<br/>P O BOX 18824<br/>OKLAHOMA CITY, OK 73154</b>                                  | -                                  |   |                                  |              |          | <b>4,016.72</b>  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>JACKSON NURSE PROFESSIONALS<br/>LLC<br/>P O BOX 404118<br/>ATLANTA, GA 30384-4118</b>                          | -                                  |   |                                  |              |          | <b>5,590.00</b>  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>JAVA TIME<br/>201 BOWLING DRIVE<br/>PAULS VALLEY, OK 73075</b>   | -                                  |   |                                  |              |          | <b>570.65</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>JOHNSTON &amp; BRYANT<br/>P O BOX 1564<br/>ADA, OK 74820</b>   | -                                  |   |                                  |              |          | <b>27,800.66</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>JOHNSTONE SUPPLY<br/>BOX 82129<br/>OKLAHOMA CITY, OK 73148-0129</b>  | -                                  |   |                                  |              |          | <b>1,241.32</b>  |
| Sheet no. <u>40</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>39,219.35</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| K-MED<br>4606 MOORLAND COURT<br>SUGAR LAND, TX 77479  | -                                  |   |                                  |              |          | 956.02           |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| K-TOWN CONSULTING<br>BOX 232<br>KONAWA, OK 74849  | -                                  |   |                                  |              |          | 7,290.00         |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| KCI USA<br>P O BOX 203086<br>HOUSTON, TX 77216-3086   | -                                  |   |                                  |              |          | 2,418.67         |
| Account No.   |                                    | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        |                  |
| KELLER, ANGELA A<br>203 E Jefferson<br>Pauls Valley, OK 73075   | -                                  |   |                                  |              |          | 6,035.20         |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| KENNETH MICHAEL & ASSOC LLC<br>500 NORTH WESTSHORE BLVD<br>SUITE 1050<br>TAMPA, FL 33609                          | -                                  |   |                                  |              |          | 8,000.00         |
| Sheet no. <u>41</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>24,699.89</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>KFXT SOLID GOSPEL<br/>1101 N HWY 81<br/>MARLOW, OK 73055</b>   | -                                  |   |                                  |              |          | <b>3,720.00</b>  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>KINETIC THERAPY SERVICE<br/>15269 CR 3610<br/>ADA, OK 74820</b>  | -                                  |   |                                  |              |          | <b>1,970.00</b>  |
| Account No.   |                                    | <b>9/1/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        |                  |
| <b>KING, DEE L<br/>c/o Richard King Rt 3 Box 213A<br/>Lindsay, OK 73052</b>                                       | -                                  |   |                                  |              |          | <b>40.00</b>     |
| Account No.   |                                    | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        |                  |
| <b>KING, DEE L<br/>c/o Richard King Rt 3 Box 213A<br/>Lindsay, OK 73052</b>                                       | -                                  |   |                                  |              |          | <b>40.00</b>     |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>KIXO KIX-106<br/>1101 HWY 81 N<br/>MARLOW, OK 73055</b>  | -                                  |   |                                  |              |          | <b>12,157.50</b> |
| Sheet no. <u>42</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>17,927.50</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>KONE INC<br/>P O BOX 429<br/>MOLINE, IL 61266-0429</b>   | -                                  |   |                                  |              |          | <b>2,978.30</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>KRONOS<br/>P O BOX 845748<br/>BOSTON, MA 02284-5748</b>  | -                                  |   |                                  |              |          | <b>4,613.14</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>KRUEGER INC<br/>P O BOX 18715<br/>OKLAHOMA CITY, OK 73154-0715</b>   | -                                  |   |                                  |              |          | <b>220.17</b>   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>LAERDAL MEDICAL CORP<br/>P O BOX 8500-53168<br/>PHILADELPHIA, PA 19178-3168</b>                                | -                                  |   |                                  |              |          | <b>909.74</b>   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>LEADING AGE OKLAHOMA<br/>P O BOX 1383<br/>EL RENO, OK 73036</b>  | -                                  |   |                                  |              |          | <b>1,044.63</b> |
| Sheet no. <u>43</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>9,765.98</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|------------|--------------|----------|-----------------|
|   |                                    |   |            |              |          |                 |
| Account No.   |                                    | <b>Trade Debt</b>   |            |              |          |                 |
| LEGACY DRUG INC<br>111 W GRANT AVE<br>PAULS VALLEY, OK 73075  | -                                  |   |            |              |          | 7.99            |
| Account No.   |                                    | <b>Trade Debt</b>   |            |              |          |                 |
| LIFECARE HEALTH SERVICES, LLC<br>4013 NORTHWEST EXPRESSWAY<br>STE 575<br>OKLAHOMA CITY, OK 73116                  | -                                  |   |            |              |          | 246.05          |
| Account No.   |                                    | <b>Trade Debt</b>   |            |              |          |                 |
| LINDSAY MUNICIPAL HOSPITAL<br>P O BOX 888<br>LINDSAY, OK 73052  | -                                  |   |            |              |          | 142.80          |
| Account No.   |                                    | <b>Trade Debt</b>   |            |              |          |                 |
| LOCKE SUPPLY CO<br>P O BOX 24980<br>OKLAHOMA CITY, OK 73124-0980  | -                                  |   |            |              |          | 390.07          |
| Account No.   |                                    | <b>1/31/2011<br/>Patient Refund/Overpayment on Account</b>  |            |              | X        |                 |
| LOGAN, AVIS Y<br>9969 Ketner Rd<br>Wynnewood, OK 73098  | -                                  |   |            |              |          | 119.24          |
| Sheet no. <u>44</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    | Subtotal<br>(Total of this page)  |            |              |          | <b>906.15</b>   |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------------|---|----------------------------------|--------------|----------|-----------------|
|   |                |   |                                  |              |          |                 |
| Account No.   |                |   |                                  |              |          |                 |
| <b>LOGAN, AVIS Y<br/>9969 Ketner Rd<br/>Wynnewood, OK 73098</b>   | -              | <b>1/31/2011<br/>Patient Refund/Overpayment on Account</b>  |                                  |              | X        | <b>20.00</b>    |
| Account No.   |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>LOGICAL BUILDING SOLUTIONS INC<br/>3432 LAKESIDE DRIVE<br/>OKLAHOMA CITY, OK 73179</b>                         | -              |   |                                  |              |          | <b>1,173.58</b> |
| Account No.   |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>LUCKINBILL, INC.<br/>304 EAST BROADWAY<br/>ENID, OK 73701</b>  | -              |   |                                  |              |          | <b>846.45</b>   |
| Account No.   |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>MAC SYSTEMS INC<br/>P O BOX 27665<br/>TULSA, OK 74149</b>  | -              |   |                                  |              |          | <b>108.00</b>   |
| Account No.   |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>MAINE STANDARDS COMPANY<br/>765 ROOSEVELT TRAIL<br/>WINDHAM, ME 04062</b>                                      | -              |   |                                  |              |          | <b>304.05</b>   |
| Sheet no. <u>45</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | <b>2,452.08</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>MARK 5 CARE GROUP<br/>P O BOX 118<br/>MUSTANG, OK 73064</b>  | -                                  |   |                                  |              |          | <b>34,538.31</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>MASIMO AMERICAS INC<br/>P O BOX 51210<br/>LOS ANGELES, CA 90051-5510</b>                                       | -                                  |   |                                  |              |          | <b>287.33</b>    |
| Account No.   |                                    | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        |                  |
| <b>MCCURLEY, CODY M<br/>33877 E Pvt 1625 Drive<br/>Pauls Valley, OK 73075</b>                                     | -                                  |   |                                  |              |          | <b>60.00</b>     |
| Account No.   |                                    | <b>9/1/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        |                  |
| <b>MCELVANY, HAZEL M<br/>P O Box 175<br/>El Reno, OK 73036</b>  | -                                  |   |                                  |              |          | <b>18.34</b>     |
| Account No.   |                                    | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        |                  |
| <b>MCELVANY, HAZEL M<br/>P O Box 175<br/>El Reno, OK 73036</b>  | -                                  |   |                                  |              |          | <b>18.34</b>     |
| Sheet no. <u>46</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>34,922.32</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM   |
|---|------------------------------------|---|----------------------------------|--------------|----------|-------------------|
|   |                                    |   |                                  |              |          |                   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                   |
| <b>MCKESSON<br/>MCKESSON TECHNOLOGIES INC.<br/>P O BOX 98347<br/>CHICAGO, IL 60693-8347</b>                       | -                                  |   |                                  |              |          | <b>571,611.78</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                   |
| <b>MCKESSON HEALTH SOLUTIONS<br/>22423 NETWORK PLACE<br/>CHICAGO, IL 60673-1224</b>                               | -                                  |   |                                  |              |          | <b>4,403.63</b>   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                   |
| <b>MCKESSON MEDICAL SURGICAL INC.<br/>P.O. BOX 933027<br/>ATLANTA, GA 31193</b>                                   | -                                  |   |                                  |              |          | <b>1,320.30</b>   |
| Account No.   |                                    | <b>1/31/2011<br/>Patient Refund/Overpayment on Account</b>  |                                  |              |          |                   |
| <b>MCLIN, RICK<br/>24615 E CR 1610<br/>Elmore City, OK 73433</b>  | -                                  |   |                                  |              | X        | <b>150.00</b>     |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                   |
| <b>MCNEIL &amp; COMPANY INC<br/>P O BOX 28<br/>ONEIDA, NY 13421</b>   | -                                  |   |                                  |              |          | <b>765.61</b>     |
| Sheet no. <u>47</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>578,251.32</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|--------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                          |   |                                  |              |          |                  |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>MED MANAGEMENT LLC<br/>1500 URBAN CENTER DRIVE STE 325<br/>VESTAVIA HILLS, AL 35242</b>                        | -                        |   |                                  |              |          | <b>5,885.00</b>  |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>MED-PASS INC<br/>L-3495<br/>COLUMBUS, OH 43260-0001</b>  | -                        |   |                                  |              |          | <b>132.92</b>    |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>MEDI-SOL, LLC<br/>P.O. BOX 7736<br/>EDMOND, OK 73083</b>   | -                        |   |                                  |              |          | <b>6,244.37</b>  |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>MEDICAL ARTS PRESS<br/>P O BOX 37647<br/>PHILADELPHIA, PA 19101-0647</b>                                       | -                        |   |                                  |              |          | <b>123.96</b>    |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>MEDICAL SOLUTIONS<br/>9101 WESTERN AVE SUITE 101<br/>OMAHA, NE 68114</b>                                       | -                        |   |                                  |              |          | <b>50,008.28</b> |
| Sheet no. <u>48</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                          |   | Subtotal<br>(Total of this page) |              |          | <b>62,394.53</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>MEDLINE INDUSTRIES, INC.</b><br>DEPT 1080<br>P O BOX 121080<br>DALLAS, TX 75312-1080                           | -                                  |   |                                  |              |          | <b>110.34</b>   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>MEDMARC COMPANY</b><br>415 NORTH MAIN STREET<br>NO. 106<br>EULESS, TX 76039                                    | -                                  |   |                                  |              |          | <b>331.24</b>   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>MEDRAD INC</b><br>P O BOX 360172<br>PITTSBURGH, PA 15251-6172  | -                                  |   |                                  |              |          | <b>688.91</b>   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>MEDTOX LABORATORIES</b><br>NW 8939<br>P O BOX 1450<br>MINNEAPOLIS, MN 55485-8939                               | -                                  |   |                                  |              |          | <b>870.35</b>   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>MEDTRONIC USA INC</b><br>P O BOX 848086<br>DALLAS, TX 75284-8086   | -                                  |   |                                  |              |          | <b>252.00</b>   |
| Sheet no. <u>49</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>2,252.84</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                 | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>MERCY HEALTH<br/>CNTR/TRANSCRIPT'N<br/>COST CNTR 4011 117870 624020<br/>4300 W MEMORIAL RD<br/>OKLAHOMA CITY, OK 73120</b> | -                                  |   |                                  |              |          | <b>23,215.95</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>MERCY MEMORIAL HEALTH CNTR<br/>PTS<br/>P O BOX 504498<br/>ST LOUIS, MO 63150</b>   | -                                  |   |                                  |              |          | <b>3,136.23</b>  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>MERRITT HAWKINS &amp; ASSOCIATES<br/>P O BOX 281943<br/>ATLANTA, GA 30384-1943</b>   | -                                  |   |                                  |              |          | <b>7,888.65</b>  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>MET-TEL<br/>P O BOX 9660<br/>MANCHESTER, NH 03108-9660</b>   | -                                  |   |                                  |              |          | <b>415.63</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>METTLER ELECTRONICS CORP<br/>1333 SOUTH CLAUDINA STREET<br/>ANAHEIM, CA 92805</b>  | -                                  |   |                                  |              |          | <b>2,019.58</b>  |
| Sheet no. <u>50</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims             |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>36,676.04</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM   |
|---|------------------------------------|---|----------------------------------|--------------|----------|-------------------|
|   |                                    |   |                                  |              |          |                   |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                   |
| <b>MIDLAND GROUP<br/>P O BOX 229161<br/>SHAWNEE MISSION, KS 66201</b>   | -                                  |   |                                  |              |          | <b>73,739.88</b>  |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                   |
| <b>MILLIPORE CORPORATION<br/>2736 PAYSPHERE CIRCLE<br/>CHICAGO, IL 60674</b>                                      | -                                  |   |                                  |              |          | <b>3,026.12</b>   |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                   |
| <b>MITCHELL CHARLES<br/>200 MELVILLE DRIVE<br/>PAULS VALLEY, OK 73075</b>   | -                                  |   |                                  |              |          | <b>76,577.11</b>  |
| Account No.   |                                    | 1/31/2011<br>Patient Refund/Overpayment on Account  |                                  |              | X        |                   |
| <b>MITCHELL, JOHNANNA<br/>434 Mohawk<br/>Pauls Valley, OK 73075</b>   | -                                  |   |                                  |              |          | <b>21.53</b>      |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                   |
| <b>MOBILE MEDIA INC<br/>P O BOX 202008<br/>MINNEAPOLIS, MN 55420-9800</b>   | -                                  |   |                                  |              |          | <b>1,004.00</b>   |
| Sheet no. <u>51</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>154,368.64</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| MOORE JOHN STEVEN<br>DBA: JOHN STEVEN MOORE, DO<br>103 PARK VIEW CIRCLE<br>PAULS VALLEY, OK 73075                 | -                                  |   |                                  |              |          | 27,263.00        |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| MORRIS SYSTEMS INCORPORATED<br>5504 DEMOCRACY DRIVE STE 220<br>PLANO, TX 75024                                    | -                                  |   |                                  |              |          | 1,288.00         |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| MSC INDUSTRIAL SUPPLY CO INC<br>75 MAXESS ROAD<br>MELVILLE, NY 11747  | -                                  |   |                                  |              |          | 466.78           |
| Account No.   |                                    | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              |          |                  |
| MULLINS, JACK H<br>24183 N Pvt 3235 Drive<br>Pauls Valley, OK 73075   | -                                  |   |                                  |              | X        | 18.44            |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| MXR OKLAHOMA CITY<br>4444 VIEWRIDGE AVE. SUITE A<br>SAN DIEGO, CA 92123   | -                                  |   |                                  |              |          | 582.51           |
| Sheet no. <u>52</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>29,618.73</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>NATUS MEDICAL INC</b><br>P O BOX 39000<br>SAN FRANCISCO, CA 94139  | -                                  |   |                                  |              |          | <b>2,972.41</b>  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>NETSCRIPT (NETSCR)</b><br>235 CR 3520<br>CLARKSVILLE, AR 72830   | -                                  |   |                                  |              |          | <b>15,473.04</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>NORMAN PHYSICIAN HOSP ORG LLC</b><br>P O BOX 987<br>NORMAN, OK 73070   | -                                  |   |                                  |              |          | <b>25,853.58</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>NORMAN REGIONAL HOSPITAL AUTH</b><br>P O BOX 268961<br>OKLAHOMA CITY, OK 73126                                 | -                                  |   |                                  |              |          | <b>168.52</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>NURSEFINDERS</b><br>P O BOX 910738<br>DALLAS, TX 75391-0738  | -                                  |   |                                  |              |          | <b>18,079.06</b> |
| Sheet no. <u>53</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>62,546.61</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>NURSES PRN STAFFING INC<br/>615 N COMMERCE ST SUITE A<br/>ARDMORE, OK 73401-3940</b>                           | -                                  |   |                                  |              |          | <b>343.84</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>O F M Q INC<br/>14000 QUAIL SPRINGS PKWY #400<br/>OKLAHOMA CITY, OK 73134</b>                                  | -                                  |   |                                  |              |          | <b>1,250.00</b>  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>O G &amp; E<br/>BOX 24990<br/>OKLAHOMA CITY, OK 73124-0990</b>   | -                                  |   |                                  |              |          | <b>12,008.10</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>O H C A<br/>SHEPHERD MALL<br/>2401 N W 23RD ST SUITE 1A<br/>OKLAHOMA CITY, OK 73107</b>                        | -                                  |   |                                  |              |          | <b>36.74</b>     |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>O H E R F T<br/>DEPT. #96-0298<br/>OKLAHOMA CITY, OK 73196-0298</b>  | -                                  |   |                                  |              |          | <b>250.00</b>    |
| Sheet no. <u>54</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>13,888.68</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM   |
|---|------------------------------------|---|----------------------------------|--------------|----------|-------------------|
|   |                                    |   |                                  |              |          |                   |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                   |
| <b>OCCUPATIONAL PERFORMANCE<br/>CORP<br/>519 S SANTA FE<br/>SALINA, KS 67401</b>                                  | -                                  |   |                                  |              |          | <b>192.50</b>     |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                   |
| <b>ODYSSEY HEALTH CARE<br/>2 WEST MAIN STE 200<br/>ARDMORE, OK 73401</b>  | -                                  |   |                                  |              |          | <b>8,693.50</b>   |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                   |
| <b>OFFICEMAX CONTRACT INC<br/>P O BOX 101705<br/>ATLANTA, GA 30392-1705</b>                                       | -                                  |   |                                  |              |          | <b>2,379.86</b>   |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                   |
| <b>OHCA PREMIUM ACCOUNT<br/>PREMIUM PAYMENT<br/>P O BOX 2038<br/>OKLAHOMA CITY, OK 73101-2038</b>                 | -                                  |   |                                  | X            |          | <b>141,827.00</b> |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                   |
| <b>OHH PHYSICIANS LLC<br/>ATTN: ACCT DEPARTMENT<br/>3705 W MEMORIAL RD SUITE 702<br/>OKLAHOMA CITY, OK 73134</b>  | -                                  |   |                                  |              |          | <b>4,194.00</b>   |
| Sheet no. <u>55</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>157,286.86</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM   |
|---|------------------------------------|---|----------------------------------|--------------|----------|-------------------|
|   |                                    |   |                                  |              |          |                   |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                   |
| OK STATE/EDUCA GRP INS BOARD<br>ACCOUNTING DEPT<br>P O BOX 58010<br>OKLAHOMA CITY, OK 73157-8010                  | -                                  |   |                                  |              |          | 56,361.32         |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                   |
| OKLA STATE DEPT OF HEALTH<br>100 VALLEY DRIVE<br>PAULS VALLEY, OK 73075   | -                                  |   |                                  |              |          | 2,173.06          |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                   |
| OKLAHOMA BLOOD INSTITUTE<br>DEPT #96-0115<br>OKLAHOMA CITY, OK 73196-0115   | -                                  |   |                                  |              |          | 42,068.50         |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                   |
| OKLAHOMA HEART HOSPITAL<br>P O BOX 268864<br>OKLAHOMA CITY, OK 73126  | -                                  |   |                                  |              |          | 363.10            |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                   |
| OKLAHOMA HOSPITAL ASSOCIATION<br>4000 LINCOLN BLVD<br>OKLAHOMA CITY, OK 73105                                     | -                                  |   |                                  |              |          | 3,941.75          |
| Sheet no. <u>56</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>104,907.73</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                 |
| OKLAHOMAN<br>P O BOX 268880<br>OKLAHOMA CITY, OK 73126-8880   | -                                  |   |                                  |              |          | 52.57           |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                 |
| OPTIMAL PHARMACEUTICALS INC<br>8406 NORTH MAGNOLIA AVENUE<br>SUITE D<br>SANTEE, CA 92071                          | -                                  |   |                                  |              |          | 120.95          |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                 |
| OREILLY AUTO PARTS<br>P O BOX 790098<br>ST LOUIS, MO 63179-0098   | -                                  |   |                                  |              |          | 183.96          |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                 |
| ORTHOPAEDIC & SPORTS MEDICINE<br>825 E ROBINSON<br>NORMAN, OK 73071   | -                                  |   |                                  |              |          | 165.00          |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                 |
| OSAGE INDUSTRIES INC<br>6641 CHRISTOPHER DRIVE<br>ST. LOUIS, MO 63129   | -                                  |   |                                  |              |          | 360.14          |
| Sheet no. <u>57</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <u>882.62</u>   |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM   |
|---|------------------------------------|---|------------|--------------|----------|-------------------|
|   |                                    |   |            |              |          |                   |
| Account No.   |                                    | Trade Debt  |            |              |          |                   |
| OWENS & MINOR 760001696<br>P O BOX 841420<br>DALLAS, TX 75284-1420  | -                                  |   |            |              |          | 14,529.95         |
| Account No.   |                                    | Trade Debt  |            |              |          |                   |
| P V CHAMBER OF COMMERCE<br>DRAWER 638<br>PAULS VALLEY, OK 73075   | -                                  |   |            |              |          | 1,250.00          |
| Account No.   |                                    | Trade Debt  |            |              |          |                   |
| P V GENERAL HOSP FOUNDATION<br>100 VALLEY DRIVE<br>PAULS VALLEY, OK 73075   | -                                  |   |            |              |          | 365,290.00        |
| Account No.   |                                    | Trade Debt  |            |              |          |                   |
| PANTHER ATHLETIC CLUB<br>P O BOX 780<br>PAULS VALLEY, OK 73075  | -                                  |   |            |              |          | 250.00            |
| Account No.   |                                    | 11/30/2010<br>Patient Refund/Overpayment on Account   |            |              | X        |                   |
| PARKS, JAMES A<br>15842 N CR 3130<br>Maysville, OK 73057  | -                                  |   |            |              |          | 336.70            |
| Sheet no. <u>58</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    | Subtotal<br>(Total of this page)  |            |              |          | <b>381,656.65</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PARTSSOURCE<br/>P O BOX 64564<br/>CINCINNATI, OH 45264-5186</b>  | -                                  |   |                                  |              |          | <b>1,389.83</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PATTERSON MEDICAL<br/>P O BOX 93040<br/>CHICAGO, IL 60673-3040</b>   | -                                  |   |                                  |              |          | <b>320.38</b>   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PAUL H BROOKS PUBLISHING<br/>COMPANY<br/>P O BOX 10624<br/>BALTIMORE, MD 21285-0624</b>                        | -                                  |   |                                  |              |          | <b>313.50</b>   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PAULS VALLEY ACE HARDWARE<br/>C/O ELK SUPPLY COMPANY<br/>P O BOX 1509<br/>CLINTON, OK 73601</b>                | -                                  |   |                                  |              |          | <b>79.99</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PAULS VALLEY DEMOCRAT<br/>P O BOX 790<br/>PAULS VALLEY, OK 73075</b>   | -                                  |   |                                  |              |          | <b>553.54</b>   |
| Sheet no. <u>59</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>2,657.24</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PAULS VALLEY HOSP AUXILIARY<br/>100 VALLEY DRIVE<br/>PAULS VALLEY, OK 73075</b>                                | -                                  |   |                                  |              |          | <b>1,535.85</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PAULS VALLEY ROTARY CLUB<br/>P O BOX 3<br/>PAULS VALLEY, OK 73075</b>  | -                                  |   |                                  |              |          | <b>155.50</b>   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PEPSI BEVERAGES COMPANY<br/>P O BOX 1218<br/>ADA, OK 74820</b>   | -                                  |   |                                  |              |          | <b>584.70</b>   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PERFORMANCE PHARMACY<br/>SYSTEMS<br/>5614 36TH AVE NORTH<br/>ST. PETERSBURG, FL 33710</b>                      | -                                  |   |                                  |              |          | <b>1,259.81</b> |
| Account No.   |                                    | <b>9/1/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              |          |                 |
| <b>PERRY, RONNIE C<br/>1101 N Taylor<br/>Wynnewood, OK 73098</b>  | -                                  |   |                                  |              | <b>X</b> | <b>20.00</b>    |
| Sheet no. <b>60</b> of <b>82</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>3,555.86</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    |   |                                  |              |          |                 |
| <b>PERRY, RONNIE C<br/>1101 N Taylor<br/>Wynnewood, OK 73098</b>  | -                                  | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        | <b>20.00</b>    |
| Account No.   |                                    |   |                                  |              |          |                 |
| <b>PERRY, RONNIE C<br/>1101 N Taylor<br/>Wynnewood, OK 73098</b>  | -                                  | <b>1/31/2011<br/>Patient Refund/Overpayment on Account</b>  |                                  |              | X        | <b>15.01</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PHILADELPHIA INSURANCE COS.<br/>P O BOX 70251<br/>PHILADELPHIA, PA 19176-0251</b>                              | -                                  |   |                                  |              |          | <b>3,501.00</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PHILIPS HEALTHCARE<br/>P O BOX 100355<br/>ATLANTA, GA 30384-0355</b>   | -                                  |   |                                  |              |          | <b>4,775.22</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PHILIPS MEDICAL SYSTEMS<br/>PHILIPS HEALTHCARE<br/>P O BOX 100355<br/>ATLANTA, GA 30384-0355</b>               | -                                  |   |                                  |              |          | <b>1,140.75</b> |
| Sheet no. <u>61</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>9,451.98</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|------------|--------------|----------|------------------|
|   |                                    |   |            |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |            |              |          |                  |
| <b>PHYSICIANS AND SURGEONS<br/>200 MELVILLE DR<br/>PAULS VALLEY, OK 73075</b>                                     | -                                  |   |            |              |          | <b>14,910.56</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |            |              |          |                  |
| <b>PHYSIO-CONTROL, INC.<br/>12100 COLLECTIONS CENTER DRIVE<br/>CHICAGO, IL 60693</b>                              | -                                  |   |            |              |          | <b>1,517.96</b>  |
| Account No.   |                                    | <b>Trade Debt</b>   |            |              |          |                  |
| <b>PITNEY BOWES INC (SUPPLIES)<br/>P O BOX 371896<br/>PITTSBURG, PA 15250-7896</b>                                | -                                  |   |            |              |          | <b>158.08</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |            |              |          |                  |
| <b>PITNEY BOWES POSTAGE BY PHONE<br/>C/O PURCHASE POWER<br/>P O BOX 371874<br/>PITTSBURG, PA 15250-7874</b>       | -                                  |   |            |              |          | <b>3,762.19</b>  |
| Account No.   |                                    | <b>10/31/2010<br/>Patient Refund/Overpayment on Account</b>   |            |              |          |                  |
| <b>POPE, CHARLA J<br/>405 S W 4th<br/>Lindsay, OK 73052</b>   | -                                  |   |            |              | <b>X</b> |                  |
| Sheet no. <b>62</b> of <b>82</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    | Subtotal<br>(Total of this page)  |            |              |          | <b>20,609.19</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    |   |                                  |              |          |                  |
| <b>POPE, MARY J<br/>729 N Oak<br/>Pauls Valley, OK 73075</b>  | -                                  | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        | <b>24.97</b>     |
| Account No.   |                                    |   |                                  |              |          |                  |
| <b>POSEY COMPANY<br/>5635 PECK ROAD<br/>ARCADIA, CA 91006</b>   | -                                  | <b>Trade Debt</b>   |                                  |              |          | <b>173.90</b>    |
| Account No.   |                                    |   |                                  |              |          |                  |
| <b>POYNER, ROGER A<br/>31901 E CR 1590<br/>Pauls Valley, OK 73075</b>   | -                                  | <b>9/1/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        | <b>25.00</b>     |
| Account No.   |                                    |   |                                  |              |          |                  |
| <b>POYNER, ROGER A<br/>13901 E CR 1590<br/>Pauls Valley, OK 73075</b>   | -                                  | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        | <b>25.00</b>     |
| Account No.   |                                    |   |                                  |              |          |                  |
| <b>PREMIUM FINANCING SPECIALISTS<br/>P O BOX 35408<br/>TULSA, OK 74153</b>  | -                                  | <b>Trade Debt</b>   |                                  |              |          | <b>18,260.75</b> |
| Sheet no. <u>63</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>18,509.62</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PRIMARY PHARMACEUTICALS<br/>1019 GOVERNMENT ST.<br/>SUITE E<br/>OCEAN SPRINGS, MS 39564</b>                    | -                                  |   |                                  |              |          | <b>743.08</b>   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PRINTER WORKS<br/>C/O MARBLE BRIDGE FUNDING GRP<br/>INC<br/>P O BOX 8195<br/>WALNUT CREEK, CA 94596</b>        | -                                  |   |                                  |              |          | <b>297.00</b>   |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PSA CONSULTING ENGINEERS, INC<br/>3031 N.W. 64TH STREET STE 101<br/>OKLAHOMA CITY, OK 73116</b>                | -                                  |   |                                  |              |          | <b>4,117.65</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PURCELL MUNICIPAL HOSPITAL<br/>P O BOX 511<br/>PURCELL, OK 73080-1699</b>                                      | -                                  |   |                                  |              |          | <b>27.62</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>PURCELL REGISTER<br/>P O BOX 191<br/>PURCELL, OK 73080</b>   | -                                  |   |                                  |              |          | <b>28.00</b>    |
| Sheet no. <u>64</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>5,213.35</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>PVGH LABORATORY SERVICES<br/>100 VALLEY DRIVE<br/>PAULS VALLEY, OK 73075</b>                                   | -                                  |   |                                  |              |          | <b>89.90</b>     |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>QUADRAMED<br/>DEPT LA 23665<br/>PASADINA, CA 91185-3665</b>  | -                                  |   |                                  |              |          | <b>5,066.86</b>  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>R S V P ANSWERING SERVICES<br/>501 WEST EDMOND RAOD<br/>EDMOND, OK 73003-5622</b>                              | -                                  |   |                                  |              |          | <b>546.00</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>RADIOLOGY SERVICES OF<br/>ARDMORE<br/>P O BOX 518<br/>ARDMORE, OK 73402</b>                                    | -                                  |   |                                  |              |          | <b>95.00</b>     |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>RAYS<br/>10901 W TOLLER DRIVE<br/>SUITE 105<br/>LITTLETON, CO 80127</b>  | -                                  |   |                                  |              |          | <b>5,180.00</b>  |
| Sheet no. <u>65</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>10,977.76</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>REAVIS DME<br/>ATTN: DME<br/>P O BOX 1220<br/>PAULS VALLEY, OK 73075</b>                                       | -                                  |   |                                  |              |          | <b>64,586.54</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>REAVIS SUPER DRUG<br/>BOX 1220<br/>PAULS VALLEY, OK 73075</b>  | -                                  |   |                                  |              |          | <b>31,862.23</b> |
| Account No.   |                                    | <b>8/31/2010<br/>Patient Refund/Overpayment on Account</b>  |                                  |              |          |                  |
| <b>REAVIS,<br/>P O Box 1220<br/>Pauls Valley, OK 73075</b>  | -                                  |   |                                  |              | <b>X</b> | <b>25.74</b>     |
| Account No.   |                                    | <b>8/31/2010<br/>Patient Refund/Overpayment on Account</b>  |                                  |              |          |                  |
| <b>REAVIS,<br/>P O Box 1220<br/>Pauls Valley, OK 73075</b>  | -                                  |   |                                  |              | <b>X</b> | <b>30.06</b>     |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>RELY ON REHAB PC.<br/>1114 GROVER LANE<br/>NORMAN, OK 73069</b>  | -                                  |   |                                  |              |          | <b>1,266.52</b>  |
| Sheet no. <u>66</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>97,771.09</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | C<br>O<br>D<br>E<br>B<br>E<br>T<br>O<br>R<br><br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CON<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | DIS<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM |
|---|---|---|--|--|------------------------------|-----------------|
|   |   |   |  |  |                              |                 |
| Account No.   |   |   |  |  |                              |                 |
| REYNOLDS, WYNONA V<br>202 Larry Lane # B9<br>Pauls Valley, OK 73075   | -   | 11/30/2010<br>Patient Refund/Overpayment on Account   |  |  | X                            | 72.96           |
| Account No.   |   |   |  |  |                              |                 |
| RF TECHNOLOGIES, INC.<br>P O BOX 1170<br>MILWAUKEE, WI 53201-1170   | -   | Trade Debt  |  |  |                              | 1,319.31        |
| Account No.   |   |   |  |  |                              |                 |
| RICHARD WOLF MEDICAL<br>INSTRUMENTS<br>353 CORPORATE WOODS PARKWAY<br>VERNON HILLS, IL 60061                      | -   | Trade Debt  |  |  |                              | 2,216.60        |
| Account No.   |   |   |  |  |                              |                 |
| RNA MEDICAL<br>ATTN: ACCTS RECEIVABLE<br>7 JACKSON ROAD<br>DEVENS, MA 01434-4026                                  | -   | Trade Debt  |  |  |                              | 338.00          |
| Account No.   |   |   |  |  |                              |                 |
| ROBINSON, MARGARET A<br>305 East Lindsey<br>Elmore City, OK 73433   | -   | 11/30/2010<br>Patient Refund/Overpayment on Account   |  |  | X                            | 60.00           |
| Sheet no. <u>67</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |   |   | Subtotal<br>(Total of this page)       |  |                              | 4,006.87        |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|------------|--------------|----------|-----------------|
|   |                                    |   |            |              |          |                 |
| Account No.   |                                    | Trade Debt  |            |              |          |                 |
| SA-SO<br>525 N GREAT SOUTHWEST PKWY<br>ARLINGTON, TX 76011  | -                                  |   |            |              |          | 134.12          |
| Account No.   |                                    | 1/31/2011<br>Patient Refund/Overpayment on Account  |            |              |          |                 |
| SANCHEZ, DOMITILA P<br>Rt 3 Box 17A<br>Pauls Valley, OK 73075   | -                                  |   |            | X            |          | 35.00           |
| Account No.   |                                    | Trade Debt  |            |              |          |                 |
| SARA LEE BAKERY<br>GRP/EARTHGRAIN<br>P O BOX 4412<br>BRIDGETON, MO 63044-4412                                     | -                                  |   |            |              |          | 460.59          |
| Account No.   |                                    | Trade Debt  |            |              |          |                 |
| SAVAGE SPORTS BOOSTERS<br>P O BOX 623<br>WYNNEWOOD, OK 73098  | -                                  |   |            |              |          | 445.00          |
| Account No.   |                                    | 1/31/2011<br>Patient Refund/Overpayment on Account  |            |              |          |                 |
| SCOTT, DAWN L<br>P O Box 298<br>Elmore City, OK 73433   | -                                  |   |            | X            |          | 250.00          |
| Sheet no. <u>68</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    | Subtotal<br>(Total of this page)  |            |              |          | 1,324.71        |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>SECURITY CHECK<br/>P O BOX 14189<br/>OKLAHOMA CITY, OK 73113</b>   | -                                  |   |                                  |              |          | <b>78.00</b>     |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>SHERWIN-WILLIAMS COMPANY<br/>502 S CHICKASAW<br/>PAULS VALLEY, OK 73075</b>                                    | -                                  |   |                                  |              |          | <b>195.51</b>    |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>SHIRE REGENERATIVE MEDICINE<br/>ABH COLLECTION ACCOUNT<br/>DEPARTMENT 3292<br/>CAROL STREAM, IL 60132-3292</b> | -                                  |   |                                  |              |          | <b>12,240.00</b> |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>SHRED IT<br/>11101 FRANKLIN AVENUE<br/>FRANKLIN PARK, IL 60131-1403</b>  | -                                  |   |                                  |              |          | <b>142.65</b>    |
| Account No.   |                                    | Trade Debt  |                                  |              |          |                  |
| <b>SIEMENS HEALTHCARE<br/>DIAGNOSTICS<br/>P O BOX 121102<br/>DALLAS, TX 75312-1102</b>                            | -                                  |   |                                  |              |          | <b>5,122.15</b>  |
| Sheet no. <u>69</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>17,778.31</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>SIGHTPATH MEDICAL<br/>5775 WEST OLD SHAKOPEE ROAD<br/>SUITE 90<br/>BLOOMINGTON, MN 55437</b>                   | -                                  |   |                                  |              |          | <b>21,158.00</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>SIGMA INTERNATIONAL<br/>P O BOX 64695<br/>BALTIMORE, MD 21264</b>  | -                                  |   |                                  |              |          | <b>211.16</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>SKYTRON<br/>16208 COLLECTIONS CENTER DRIVE<br/>CHICAGO, IL 60693</b>   | -                                  |   |                                  |              |          | <b>429.60</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>SOONER MOBILE XRAY INC<br/>1111 WEST WILLOW<br/>SUITE 103<br/>DUNCAN, OK 73533</b>                             | -                                  |   |                                  |              |          | <b>285.77</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>SOUTHEASTERN EMERGENCY EQUIP<br/>P O BOX 1097<br/>YOUNGSVILLE, NC 27596-1097</b>                               | -                                  |   |                                  |              |          | <b>33.95</b>     |
| Sheet no. <u>70</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>22,118.48</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>SOUTHERN OKLAHOMA PATHOLOGY<br/>421 N MONTA VISTA<br/>ADA, OK 74820</b>  | -                                  |   |                                  |              |          | <b>18,000.00</b> |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>SOUTHWEST XRAY COMPANY<br/>11419 MATHIS<br/>SUITE 208<br/>DALLAS, TX 75234</b>                                 | -                                  |   |                                  |              |          | <b>1,750.54</b>  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>SOUTHWESTERN DIRECTORY<br/>COMPANY<br/>P O BOX 7152<br/>MOORE, OK 73153</b>                                    | -                                  |   |                                  |              |          | <b>763.00</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>ST ANTHONY MARKETING<br/>1000 NORTH LEE<br/>OKLAHOMA CITY, OK 73102</b>  | -                                  |   |                                  |              |          | <b>796.50</b>    |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>ST ANTHONY PHARMACY<br/>ATTN: MELISSA WOOLRIDGE<br/>1000 N LEE<br/>OKLAHOMA CITY, OK 73102</b>                 | -                                  |   |                                  |              |          | <b>106.00</b>    |
| Sheet no. <u>71</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>21,416.04</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| ST JOHN RECORD PROGRAMS<br>P O BOX 51263<br>LOS ANGELES, CA 90051-5563  | -                                  |   |                                  |              |          | 358.64          |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| STANDARD REGISTER<br>P O BOX 840655<br>DALLAS, TX 75284-0655  | -                                  |   |                                  |              |          | 4,124.02        |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| STANDRIDGE TIRE CENTER<br>101 N ASH<br>PAULS VALLEY, OK 73075   | -                                  |   |                                  |              |          | 34.00           |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| STANFILL, JOHN<br>18405 AUBURN MEADOWS DRIVE<br>EDMOND, OK 73012  | -                                  |   |                                  |              |          | 81.81           |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| STAPLES PRINT SOLUTIONS<br>P O BOX 71928<br>CHICAGO, IL 60694   | -                                  |   |                                  |              |          | 90.29           |
| Sheet no. <u>72</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>4,688.76</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|---|------------------------------------|---|----------------------------------|--------------|----------|------------------|
|   |                                    |   |                                  |              |          |                  |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>STERIS CORPORATION</b><br>P O BOX 676548<br>DALLAS, TX 75267-6548  | -                                  |   |                                  |              |          | 2,279.89         |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>STRETCHWELL, INC.</b><br>P O BOX 3081<br>WARMINSTER, PA 18974  | -                                  |   |                                  |              |          | 32.80            |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>STRYKER ENDOSCOPY</b><br>C/O STRYKER SALES CORP<br>P O BOX 93276<br>CHICAGO, IL 60673                          | -                                  |   |                                  |              |          | 11,054.99        |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>STRYKER SALES CORP</b><br>P O BOX 93308<br>CHICAGO, IL 60673-3308  | -                                  |   |                                  |              |          | 349.67           |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                  |
| <b>SUDDENLINK</b><br>P O BOX 660365<br>DALLAS, TX 75266-0365  | -                                  |   |                                  |              |          | 642.47           |
| Sheet no. <u>73</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>14,359.82</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------------|---|----------------------------------|--------------|----------|-----------------|
|   |                |   |                                  |              |          |                 |
| Account No.   |                |   |                                  |              |          |                 |
| <b>SUGGS, JERRY R<br/>115 Miller Dr<br/>Pauls Valley, OK 73075</b>  | -              | <b>1/31/2011<br/>Patient Refund/Overpayment on Account</b>  |                                  |              | X        | <b>20.00</b>    |
| Account No.   |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>SUPERIOR FIRE PROTECTION, INC.<br/>P O BOX 7480<br/>MONROE, LA 71211-7480</b>                                  | -              |   |                                  |              |          | <b>175.00</b>   |
| Account No.   |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>SUTURE EXPRESS<br/>P O BOX 842806<br/>KANSAS CITY, MO 64184-2806</b>   | -              |   |                                  |              |          | <b>527.27</b>   |
| Account No.   |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>SWAT COMMITTEE<br/>100 VALLEY DRIVE<br/>PAULS VALLEY, OK 73075</b>   | -              |   |                                  |              |          | <b>71.00</b>    |
| Account No.   |                | <b>Trade Debt</b>   |                                  |              |          |                 |
| <b>SWIFT VIEW INC<br/>P O BOX 5000<br/>PORTLAND, OR 92708-5000</b>  | -              |   |                                  |              |          | <b>2,394.00</b> |
| Sheet no. <u>74</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | <b>3,187.27</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------------|---|----------------------------------|--------------|----------|-----------------|
|   |                |   |                                  |              |          |                 |
| Account No.   |                | Trade Debt  |                                  |              |          |                 |
| <b>TACY MEDICAL<br/>P O BOX 15807<br/>FERNANDINA BEACH, FL 32035</b>  | -              |   |                                  |              |          | <b>101.29</b>   |
| Account No.   |                | 1/31/2011<br>Patient Refund/Overpayment on Account  |                                  |              |          |                 |
| <b>TALKINGTON, MELINDA K<br/>P O Box 685<br/>Pauls Valley, OK 73075</b>   | -              |   |                                  |              | X        | <b>60.00</b>    |
| Account No.   |                | Trade Debt  |                                  |              |          |                 |
| <b>TAYLOR TECHNOLOGIES INC<br/>31 LOVETON CIRCLE<br/>SPARKS, MD 21152</b>   | -              |   |                                  |              |          | <b>97.96</b>    |
| Account No.   |                | Trade Debt  |                                  |              |          |                 |
| <b>TEAM MEDICAL<br/>3421 GARY DRIVE<br/>PLANO, TX 75023</b>   | -              |   |                                  |              |          | <b>629.97</b>   |
| Account No.   |                | Trade Debt  |                                  |              |          |                 |
| <b>TELEFLEX MEDICAL<br/>P O BOX 601608<br/>CHARLOTTE, NC 28260-1608</b>   | -              |   |                                  |              |          | <b>144.64</b>   |
| Sheet no. <u>75</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | <b>1,033.86</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | C<br>O<br>D<br>E<br>B<br>E<br>T<br>O<br>R<br><br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CON<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | DIS<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM |
|---|---|---|--|--|------------------------------|-----------------|
|   |   |   |  |  |                              |                 |
| Account No.   |   |   |  |  |                              |                 |
| TEMPLE, SETH D<br>Rt 1 Box 25809<br>Pauls Valley, OK 73075  | -   | 11/30/2010<br>Patient Refund/Overpayment on Account   |  |  | X                            | 22.93           |
| Account No.   |   |   |  |  |                              |                 |
| THERACOM LLC<br>P O BOX 640105<br>CINCINNATI, OH 45264-0105   | -   | Trade Debt  |  |  |                              | 6,812.35        |
| Account No.   |   |   |  |  |                              |                 |
| THIRD HELIX TECHNOLOGY<br>810 WEST MAINE<br>ENID, OK 73701  | -   | Trade Debt  |  |  |                              | 4,893.00        |
| Account No.   |   |   |  |  |                              |                 |
| THOMPSON BOBBY G<br>2503 COUNTRYSIDE CIRCLE<br>SPICEWOOD, TX 78669  | -   | Trade Debt  |  |  |                              | 10,678.50       |
| Account No.   |   |   |  |  |                              |                 |
| TORRES-LONG, PAULA<br>201 East G Street<br>Elmore City, OK 73433  | -   | 10/31/2010<br>Patient Refund/Overpayment on Account   |  |  | X                            | 38.37           |
| Sheet no. <u>76</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |   |   | Subtotal<br>(Total of this page)       |  |                              | 22,445.15       |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM   |
|---|--------------------------|---|----------------------------------|--------------|----------|-------------------|
|   |                          |   |                                  |              |          |                   |
| Account No.   |                          |   |                                  |              |          |                   |
| <b>TORRES-LONG, PAULA<br/>201 East G Street<br/>Elmore City, OK 73433</b>   | -                        | <b>10/31/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        | <b>449.55</b>     |
| Account No.   |                          |   |                                  |              |          |                   |
| <b>TORRES-LONG, PAULA<br/>201 East G Street<br/>Elmore City, OK 73433</b>   | -                        | <b>10/31/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        | <b>52.33</b>      |
| Account No.   |                          |   |                                  |              |          |                   |
| <b>TORRES-LONG, PAULA<br/>201 East G Street<br/>Elmore City, OK 73433</b>   | -                        | <b>10/31/2010<br/>Patient Refund/Overpayment on Account</b>   |                                  |              | X        | <b>480.85</b>     |
| Account No.   |                          |   |                                  |              |          |                   |
| <b>TOTAL ELECTRIC OF OK, INC.<br/>P O BOX 87<br/>PAULS VALLEY, OK 73075</b>                                       | -                        | <b>Trade Debt</b>   |                                  |              |          | <b>783.75</b>     |
| Account No.   |                          |   |                                  |              |          |                   |
| <b>TOTAL MEDICAL PERSONNEL<br/>STAFNG<br/>P O BOX 26243<br/>OKLAHOMA CITY, OK 73126</b>                           | -                        | <b>Trade Debt</b>   |                                  |              |          | <b>138,945.38</b> |
| Sheet no. <u>77</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                          |   | Subtotal<br>(Total of this page) |              |          | <b>140,711.86</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------------|---|----------------------------------|--------------|----------|-----------------|
|   |                |   |                                  |              |          |                 |
| Account No.   |                |   |                                  |              |          |                 |
| TURNER, MARY L<br>202 East E Street<br>Elmore City, OK 73433  | -              | 9/1/2010<br>Patient Refund/Overpayment on Account   |                                  |              | X        | 20.00           |
| Account No.   |                |   |                                  |              |          |                 |
| TURNER, MARY L<br>202 East E Street<br>Elmore City, OK 73433  | -              | 11/30/2010<br>Patient Refund/Overpayment on Account   |                                  |              | X        | 20.00           |
| Account No.   |                | Trade Debt  |                                  |              |          |                 |
| U S FOOD SERVICE<br>P O BOX 973118<br>DALLAS, TX 75397-3118   | -              |   |                                  |              |          | 8,908.92        |
| Account No.   |                | Trade Debt  |                                  |              |          |                 |
| UNIQUE PHARMACEUTICAL<br>5920 SOUTH GEN. BRUCE DRIVE<br>TEMPLE, TX 76502  | -              |   |                                  |              |          | 281.79          |
| Account No.   |                | Trade Debt  |                                  |              |          |                 |
| UNIVERSAL BUSINESS SYS/FORMS<br>5326 W CRENSHAW ST<br>TAMPA, FL 33634   | -              |   |                                  |              |          | 211.10          |
| Sheet no. <u>78</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | <u>9,441.81</u> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                          |   |                                  |              |          |                 |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| VIDACARE CORPORATION<br>DEPT 2474<br>PO BOX 122474<br>DALLAS, TX 75312-2474                                       | -                        |   |                                  |              |          | 351.04          |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| VIDEOWORKERS LLC<br>28107 S 4250 RD<br>INOLA, OK 74036  | -                        |   |                                  |              |          | 500.00          |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| VITAL SYSTEMS OF OKLAHOMA, INC<br>1106 E HWY 152<br>MUSTANG, OK 73064   | -                        |   |                                  |              |          | 3,900.00        |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| VITALOGRAPH INC.<br>P O BOX 26024<br>KANSAS CITY, MO 64196  | -                        |   |                                  |              |          | 71.00           |
| Account No.   |                          | <b>Trade Debt</b>   |                                  |              |          |                 |
| WASHITA EMERGENCY PHYSICIANS<br>1000 RIVER ROAD SUITE 100<br>CONSHOHOCKEN, PA 19428-2437                          | -                        |   |                                  |              |          | 246.37          |
| Sheet no. <u>79</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                          |   | Subtotal<br>(Total of this page) |              |          | <b>5,068.41</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|------------|--------------|----------|-----------------|
|   |                                    |   |            |              |          |                 |
| Account No.   |                                    | Trade Debt  |            |              |          |                 |
| <b>WATER QUALITY CONTROL, INC.<br/>4205 N W 147TH STREET<br/>OKLAHOMA CITY, OK 73134-1812</b>                     | -                                  |   |            |              |          | <b>389.00</b>   |
| Account No.   |                                    | 1/31/2011<br>Patient Refund/Overpayment on Account  |            |              |          |                 |
| <b>WATSON, VIOLA M<br/>c/o Bob Watson 12 Lower Oak Grove<br/>Rd<br/>French Town, NJ 08825</b>                     | -                                  |   |            | X            |          | <b>18.90</b>    |
| Account No.   |                                    | 1/31/2011<br>Patient Refund/Overpayment on Account  |            |              |          |                 |
| <b>WATSON, VIOLA M<br/>c/o Bob Watson 12 Lower Oak Grove<br/>Rd<br/>French Town, NJ 08825</b>                     | -                                  |   |            | X            |          | <b>18.88</b>    |
| Account No.   |                                    | Trade Debt  |            |              |          |                 |
| <b>WES ENTERPRISES L.P.<br/>108 HILL STREET<br/>KELLER, TX 76248</b>  | -                                  |   |            |              |          | <b>2,924.80</b> |
| Account No.   |                                    | Trade Debt  |            |              |          |                 |
| <b>WESCO DISTRIBUTION, INC.<br/>ABA 043000096<br/>P O BOX 676780<br/>DALLAS, TX 75267-6780</b>                    | -                                  |   |            |              |          | <b>399.04</b>   |
| Sheet no. <u>80</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    | Subtotal<br>(Total of this page)  |            |              |          | <b>3,750.62</b> |

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| WI STATE LAB OF HYGIENE<br>P O BOX 78770<br>MADISON, WI 53278-0770  | -                                  |   |                                  |              |          | 7,534.00        |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| WILKS PUBLICATIONS INC<br>170 E MAIN ST SUITE D PMB 277<br>HENDERSONVILLE, TN 37075                               | -                                  |   |                                  |              |          | 273.00          |
| Account No.   |                                    | 1/31/2011<br>Patient Refund/Overpayment on Account  |                                  |              | X        |                 |
| WIMBERLY, SONYA D<br>34996 E CR 1650<br>Wynnewood, OK 73098   | -                                  |   |                                  |              |          | 123.50          |
| Account No.   |                                    | <b>Trade Debt</b>   |                                  |              |          |                 |
| WOLTERS KLUWER HEALTH INC.<br>P O BOX 1590<br>HAGERSTOWN, MD 21741-1590   | -                                  |   |                                  |              |          | 97.91           |
| Account No.   |                                    | 9/1/2010<br>Patient Refund/Overpayment on Account   |                                  |              | X        |                 |
| WYATT, KATHY B<br>P O Box 1142<br>Pauls Valley, OK 73075  | -                                  |   |                                  |              |          | 25.00           |
| Sheet no. <u>81</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>8,053.41</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a  
Pauls Valley General Hospital**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                                | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM     |
|---|------------------------------------|---|---|--------------|----------|---------------------|
|   |                                    |   |   |              |          |                     |
| Account No.   |                                    |   |   |              |          |                     |
| <b>WYATT, KATHY B<br/>P O Box 1142<br/>Pauls Valley, OK 73075</b>   | -                                  | <b>11/30/2010<br/>Patient Refund/Overpayment on Account</b>   |   |              | <b>X</b> | <b>25.00</b>        |
| Account No.   |                                    | <b>Trade Debt</b>   |   |              |          |                     |
| <b>WYNNEWOOD CHAMBER OF<br/>COMMERCE<br/>P O BOX 616<br/>WYNNEWOOD, OK 73098</b>                                  | -                                  |   |   |              |          | <b>120.00</b>       |
| Account No.   |                                    | <b>Trade Debt</b>   |   |              |          |                     |
| <b>WYNNEWOOD CITY UTILITIES AUTHR<br/>207 WEST ROB'T S. KERR BLVD<br/>WYNNEWOOD, OK 73098</b>                     | -                                  |   |   |              |          | <b>709.26</b>       |
| Account No.   |                                    | <b>Trade Debt</b>   |   |              |          |                     |
| <b>WYNNEWOOD GAZETTE<br/>P O BOX 309<br/>WYNNEWOOD, OK 73098</b>  | -                                  |   |   |              |          | <b>591.25</b>       |
| Account No.   |                                    | <b>9/1/2010<br/>Patient Refund/Overpayment on Account</b>   |   |              | <b>X</b> |                     |
| <b>ZACHRY, DOROTHY J<br/>217 N Locust<br/>Pauls Valley, OK 73075</b>  | -                                  |   |   |              |          | <b>160.00</b>       |
| Sheet no. <u>82</u> of <u>82</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page)          |              |          | <b>1,605.51</b>     |
|   |                                    |   | Total<br>(Report on Summary of Schedules) |              |          | <b>3,424,565.62</b> |

**United States Bankruptcy Court**  
**Western District of Oklahoma**

In re Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter 9

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the Chairman of the Pauls Valley Hospital Authority of the Municipality named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 98 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date March 1, 2013

Signature /s/ Tim Gamble  
**Tim Gamble**  
**Chairman of the Pauls Valley Hospital Authority**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Western District of Oklahoma**

In re Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter 9 \_\_\_\_\_

**VERIFICATION OF CREDITOR MATRIX**

I, the Chairman of the Pauls Valley Hospital Authority of the Municipality named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: March 1, 2013

/s/ Tim Gamble  
**Tim Gamble/Chairman of the Pauls Valley Hospital Authority**  
Signer>Title